The Mothercraft Training Society

Highgate, London, England

By ETHEL CRYDERMAN, Reg.N.

Dr. Truby King, a Scotchman, was responsible for the inauguration in 1907 of the Royal New Zealand Society for the Health of Women and Children. The main object of the Society was the care of the expectant mother and of her child during infancy. Through the persistent efforts of the Society, the training of nurses and lay women to teach mothercraft, the establishing of branches throughout the country, and the co-operation of the medical profession and the Government, this knowledge has been disseminated among all classes throughout the Dominion. As a result, there has been a progressive and steady decrease in the infant mortality rate, and for several years New Zealand has had the lowest infant death rate in the world. The value of this work was so obvious that Dr. King was asked to come to England, and in 1918 founded the Mothercraft Training Society. The aims and objects of the societies are almost identical, and although the work in England is still in its infancy, and is isolated to one centre, it is gradually becoming a decidedly influential factor in child welfare work.

The Mothercraft Training Society is a private organization, governed by a committee of lay and professional men and women, and is recognized by the Ministry of Health. It is financed by fees from students and patients, membership fees, voluntary contributions, and a small subsidy from the Government.

Cromwell House, a beautiful old historic mansion, is the home of the Society, and here are carried on all its various activities. Within is a small baby hospital, where various types of babies and babies with their mothers are admitted. Besides the offices and living quarters, there are large, well-lighted nurseries, a delightful sun room with sufficient space for all the babies; a beautiful old garden, where the older children can play in their coops in the summer; and an out-patient department, large enough to accommodate the ever-increasing numbers. Here students come from all parts of the world to learn mothercraft. It is also a training centre for mothers, and hundreds come yearly to learn the essentials of a healthy motherhood and babyhood. All who wish may come, regardless of financial or social standing. The teaching is conducted along simple and practical lines, so that mothers, even in the poorest circumstances, can apply the methods taught in their own homes.

The personnel of the centre consists of a visiting medical director, the matron, four sisters, twenty-four students, a small executive staff, a housekeeper, and six maids and their babies. The personnel, including the mothers and babies who are in the centre for a temporary period, live together as one large and happy family. The atmosphere of the place radiates love for babies, and their welfare is the foremost thought of all. From the maids to the matron, everyone is an ardent advocate of breast feeding, and an opportunity of spreading this knowledge is never lost.

The students consist of trained nurses, midwives, and women with no previous training. The length of

the training varies from four months for nurses to one year for the untrained students. The yearly student is a particularly delightful type of person, who usually takes the training from a public-spirited standpoint, and on graduating is specially successful in propagating the teachings of the Society. The training consists of both practical and theoretical work. The students receive lectures on ante-natal work, breast feeding, artificial feeding, deficiency diseases in infants, and the normal baby from a few weeks to twenty months. In addition, the yearly students study physiology, hygiene and anatomy, are given sewing lessons, and during their course make a complete layette. They take a fairly active part in the washing of the babies' flannels and woollies, ironing and mending their clothes, and are taught to do correctly all the many things pertaining to mothercraft. An oral and written examination is held at the conclusion of the course, and a certificate awarded.

The work of the Society can be divided into the following divisions:

The Healthy Normal Breast-fed Baby

All the maids have normal breast-fed babies of varying ages. This makes it possible for the student to gain not only an intimate knowledge of normal breast feeding and the little irregularities which occasionally occur, but the growth and development, weaning, habit training, and the hygiene of early infancy. Often these mothers have a more than adequate supply of breast milk, and they quite willingly either express the surplus, or actually breast-feed other babies.

The Normal Baby From Nine to Twenty Months

The maids remain until their babies are twenty months old. This affords the student the opportunity of observing the teething period, the gradual introduction of solids into the diet, the teaching of a child how to drink from a cup, and of studying and actually preparing a correct and well-balanced diet. The student is made to realize that a child's diet after he is weaned is of great significance. Playing with the children at certain hours is one of the duties of the pupil.

In both the above classes the student not only sees demonstrated the wonderful possibilities of habit training, but actually participates in the teaching of it.

The Difficult Breast-fed Baby and the Re-establishment of Breast Milk

There is accommodation in the centre for four difficult breast feeding cases. There are always a great many wishing to enter, and the selection usually depends on the relative urgency of the case and the ability of the mother to profit from constructive teaching. A system of payment according to means has been adopted. Each mother has her own bedroom, and shares a nursery and sitting-room. She has her meals with the matron and students, and during her visit she takes an active part in the life of the centre. Except in the case of a very ill baby the mother, under competent guidance, actually cares for her own baby. Often these mothers are as widely separated as the poles in social status, but meeting on the common ground of love for their babies, are able to live together happily and harmoniously.

These mothers have difficulties, such as baby refusing to suck, having frequent green motions, vomiting constantly, losing weight or gaining too little, etc., etc. In many cases the mother has an inadequate supply of breast milk, and frequently, for some reason, the baby has never been breast-fed. All these difficulties are skillfully and scientifically handled, and the results, especially in the re-establishing of breast milk, are particularly satisfactory. Often babies who have been weaned for weeks, or in many cases have never been breast-fed, even for

as long a period as ten weeks, are successfully put back on the breast. To accomplish this, both the enthusiasm and the co-operation of the mother are absolutely essential. The other important influencing factors are the complete emptying of the breasts, either by the baby sucking, or through manual expression, hot and cold sponging, massage of the breasts, the drinking of water while nursing, a plain, wholesome diet, regular bowel movements and the leading of a normal, healthy, happy life. Often when a baby is too ill to nurse, breast milk is completely re-established by regular manual expression.

Probably this is the most fascinating piece of work done in the centre. Mothers come very keen to re-establish lactation. The baby is weighed before and after nursing. A minim chart is kept and marked in red ink, and everyone is intensely interested in it. At first the baby receives practically a negligible quantity of breast milk, but gradually the amount increases and the red creeps up the chart. With a very difficult case the whole place fairly seethes with interest in the daily progress. The father is equally as enthusiastic, and always his first question on arriving in the evening is, "How much did the baby get today?" The details and chart are explained to him, and by the time his wife returns home with a fully breast-fed baby, he feels that it is nothing short of a miracle and he, too, becomes a propagandist for the centre.

Overfed and underfed babies and others presenting problems are equally as satisfactorily handled. Both babies and mothers are studied, and each case is individually treated. They remain for varying lengths of time, always until the difficulty has been overcome.

This is an ideal opportunity for teaching prevention. Often the difficulty is not of a serious nature, but, if neglected, may develop and disease result. The mother is in a most receptive state of mind, and she not only realizes the value of prevention, but receives a thorough training in mothercraft. She becomes absolutely convinced of the superiority of breast milk, and on returning to her home she proves an excellent advocate of the teachings of the Society.

The Artificially Fed Baby

There are usually about fourteen artificially fed babies with intestinal disturbances, severe digestive disorders, marasmus or rickets, as inpatients. Their conditions are the result of incorrect feeding. Each student is responsible for certain babies. She studies their past and present history, records it, charts their weight, studies their stools, observes the result of treatment, feeds them, bathes them and watches their progress with an interest as keen as a mother's. The babies are scientifically and beautifully cared for. The student is encouraged to take all the time necessary to give, not only the most efficient care, but to take time to actually mother them. Often one felt that the personal love given these wasted, malnourished, wizened up little babies was one of the most important factors in their successful recoveries. Frequently one would find the matron in the sick babies' nursery, sitting by the fireplace with a very sick, restless one in her arms, comforting him.

As well as observing the disastrous results of badly balanced feedings, the student is taught how to feed, artificially but correctly, both normal and abnormal babies. The principles are those followed by Dr. Truby King. She receives instruction in the "Simple, everyday use of caloric estimates, rational feeding, and the preparation and use of various artificial foods in common use during infancy."

The caring for these sick babies serves as a channel through which to reach many mothers who lack the

knowledge of the first essentials of baby welfare. The parents visit frequently, and the causes, the treatment and the progress of their baby's illness are discussed with them. Every opportunity is grasped to give them health teaching. They see the healthy breast-fed babies of the maids, and are made to realize the superiority of breast feeding, too late to benefit this baby, but this teaching bears fruit in the years to come.

Out-patients' Department

There is a large out-patients' department, and three clinics are held each week for advisory and educational purposes. In 1924 the attendance was nearly 5,000. All classes of mothers and babies come. There is no fee, but each drops in a box what she feels she can contribute. The visiting medical director attends one clinic a week, and on the other days the matron conducts the clinic, advising re breast feeding, hygiene, habits, etc., and prescribes feedings and diets. This is a particularly good opportunity to reach a large number of mothers, who come voluntarily, anxious to give the best to their babies. Everyone has a talk with the matron or her assistants, suitable literature is available and, whenever necessary, demonstrations are given.

Out-patients Who Come for the Day

Often the matron feels that a mother and baby should come in for a day in order to test-weigh the baby and to make closer observations than are possible in the clinic. Frequently a mother is worried about her baby's condition, and asks to come. There is accommodation for two mothers each day. They arrive in time for the nine or ten o'clock nursing, and remain until after the six o'clock feeding. The babies are closely observed, and before leaving the mothers are interviewed by the matron, and recommendations are made. A day in the centre is a happy, instructive one for the mothers, and it usually proves to be of great educational value.

Correspondence

Mothers from all over the British Isles and many from other countries write to the centre for advice. Even mothers living in or near London, who are prevented from attending regularly, receive, through correspondence, advice in dieting and training their babies. The matron writes a weekly article for the Woman's Pictorial, and the correspondence from that alone in 1924 amounted to over 6,500 letters. One of the sisters is specially delegated to the Pictorial correspondence. The mothers are encouraged to come to the centre whenever possible, but through the keeping of accurate records it has been proved that much help can be given through correspondence. As part of their training, senior students are allowed to answer correspondence, other than the Pictorial's, under the matron's supervision.

Mothercraft Classes

A course of lectures in mothercraft, conducted by the matron at the centre, for expectant mothers and girls about to marry, is advertized in The Times. The class is limited in numbers, and a substantial fee is charged, because if such classes were free it might ostracize many of the most desirable women. For those unable to pay the full amount, a suitable arrangement is made. There are ten lectures at regular intervals. In these lectures are taught the physiology of pregnancy, the necessity of medical supervision and ante-natal care, the value of breast feeding and the care of the breasts. Theoretical work and practical demonstrations are also given in the care of the infant.

These women make very successful, intelligent mothers, and are enabled to give their babies the best possible opportunity of becoming normal, healthy children.

Visitors

An afternoon each week is devoted to visitors, and many special appointments are made. This is an opportunity to explain the work of the Society to all who are interested. People come from all parts of the British Isles, the Dominions, and from many other countries.

It is impossible to conclude an article on the Mothercraft Training Society without paying a tribute to the wonderful spirit of the matron, Miss Liddiard, and her staff. Miss Liddiard's work is her vocation, and her devotion to the babies is remarkable. The happy environment, which is one of the loveliest things about the centre, as well as the very high standard of efficiency of the work, are due to her influence. It is difficult to convey to one who has never been there the effect of this atmosphere and the part it plays in the success of the work.

(Miss Ethel Cryderman, Reg.N., Toronto, spent four months in 1925 at the Mothercraft Training Society, followed by four months in Oxford, doing midwifery, and later took the Central Midwives' examination in London.)

Canadian Nurses on Indian Reserves

By A. W. TYE

On Indian reserves in the three prairie provinces of Manitoba, Saskatchewan and Alberta, a great change has taken place in the last twenty years, and perhaps this difference is most marked in the changed attitude of Indians towards white doctors and nurses.

It does not require a long memory to recall the time when Indians had implicit faith in their Medicine Men, and refused to have white doctors come and see them. Now the pendulum has swung to the other extreme, and Indians ask for the doctor for many minor ailments, and under circumstances where white settlers would hesitate to incur such expense.

To meet this changed attitude the Department of Indian Affairs has been active along the following lines:

1st—The appointment of medical officers for Indian reserves.

2nd—The establishment of cottage hospitals on some reserves.

3rd—Arrangements made for surgical and special treatments in hospitals of nearby cities.

4th—The appointment of four travelling nurses for the three prairie provinces.

It is with the work of the travelling nurses that this article will deal principally.

Four travelling nurses were appointed in October, 1921. They were Miss Ethel Johnston, Miss Annie LeDrew, Miss A. I. G. Martineau and Miss Margaret Ramage. The equipment of each nurse consists of a dispatch bag for correspondence, reports, etc., and a suit-case which contains a few drugs and dressings, towels and bed-clothing for patients. These nurses are under the direct supervision of the Indian Commissioner at Regina, and all reports are made to him and instructions received from him.

It is something new for the Indians to have trained nurses coming into their homes, giving advice along sanitary and health lines, actually nursing those who are sick, and bathing the wee babies. At first they resented such services, but they soon learned to appreciate them, and now they clamour for them, and often telegraph for a nurse when severe sickness comes upon them. As a result of these periodical visits many of the Indian women have become better housekeepers, and give better care to themselves and their families.

The nurses visit the Indian boarding schools and thoroughly examine all the children. They recommend further treatment by specialists or in hospitals, when they consider it

necessary. Baby clinics are held, in which the young mothers are greatly interested, and learn to give their children much better care. The benefits of this service will be felt more and more as the children grow up, as it is not too much to expect that they will be much freer from sore eyes and tubercular glands than are the Indian men and women of today.

AWARDED FIRST PRIZE
Baby Show, 1925, File Hills, Sask.

In the homes, in the schools and in the baby clinics, the travelling nurses render very valuable services, but there is another phase of their work that has perhaps been even more valuable—it is their work during epidemics on reserves and in schools. Since their appointment there have been several epidemics, such as smallpox, measles, scarlet fever and diphtheria. These nurses have been untiring in their efforts to cope with the epidemics, and often under very trying and inconvenient conditions — such as turning day schools in isolated districts into hospitals, etc. They have also been called upon to nurse several severe cases of pneumonia in the Indian homes on reserves.

One cannot help but realize that for such work special qualifications are required. There must be great physical strength and endurance, patience and sympathy, and ability to make the best of things under circumstances that are frequently trying, and under conditions that are often very poor. It is a work in which there are many discouragements, unless one keeps looking ahead; but the benefits will be seen more and more as time passes.

At File Hills last summer, during the treaty payments, a baby show and clinic was held. Eleven babies under one year entered the competition. A large hospital tent was crowded with spectators, white people and Indians. It was amusing to watch the old squaws, in their beads and blankets, gazing with fond pride on their wee grandchildren while their clean, white, dainty clothing was being removed, preparatory to the examination, which was made by the doctor for the reserve and a nurse from the Department of Public Health, Regina. Points given ranged from 87% to 95%, and had the babies been vaccinated the range would have been 93% to 100%.

The credit for the holding of this fine baby show and clinic is largely due to the enthusiasm of the Indian Agent's wife, Mrs. Deacon, and the high standing of the babies reflects great credit to the nurse in charge of the cottage hospital on the reserve, Mrs. Pruden, who had heard the first cries of the babies and had taught the mothers to properly care for them.

There are hospitals on several reserves, and hospital wings or rooms in all the boarding schools; and taking everything into consideration, it must be admitted that the Government of Canada is looking after the health of our Indian wards in a very creditable manner.

Editorial

It is interesting to think upon the effect of striking biographies as they appear, an effect always traceable in the current literature and discussion of the day, for in this way certain "swift spirits" live again with a peculiar power. This reflection about the effect of such memoirs is aroused by the appearance of Dr. Cushing's story of Sir William Osler's life. This is a book for all who have eyes to read, but for those who are interested in things medical a special feast has been prepared. Osler the man, of course, dominates all, and it would have been enough, and more than enough, to have painted that vivid portrait, but that is not all, for in addition the biographer has given a story of pioneer days in medical education on the American continent and a history of our young 19th century medical schools and hospitals that is a valuable addition to the scant literature upon this subject. What will be the result of the book? If Osler's influence could slowly but persistently affect medical education and hospital schools throughout the long years of his professional work surely some cumulative effect is to be expected from the forceful presentation of the whole story. Or will it be nothing to those that pass by a bit later?

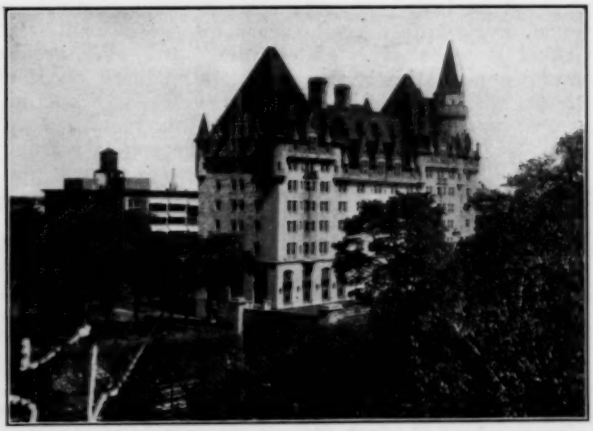
The appearance of this biography is an occasion that friends of professional societies and of professional journals cannot afford to ignore. The fact that this much-loved and much-quoted authority lent all his influence to the building up of both these aids to individual effort should provide a great store of argument for use by struggling editors and presidents. It is interesting to follow the progress of W. O. (not to mention E. Y. D.) from Montreal to Philadelphia, from Philadelphia to Baltimore and thence to Oxford and to note the trail of societies and organizations among doctors or students which he always left in his wake. The name he has given to one of his addresses sums up his philosophy with regard to this matter, the address called the *Educational Value of the Medical Society*. He looked upon the professional society as a necessary part of a necessarily continuous education, and more than that he saw to it that his societies were indeed of educational service. As we are told by the biographer that "he regarded attendance at medical meetings as one of his professional obligations—an obligation, moreover, of which he made a pleasure," it is not necessary to read much further before we decide to add the words, "and of which he made a pleasure for all fortunate enough to be present with him." No wonder his parting injunction to Dr. Barker was to "keep an eye on the societies," when he describes the purpose of the society "to foster professional unity and friendship, to serve as a clearing house in which every physician of the district should receive his rating and learn his professional assets and liabilities," and when he also declares that "attendance on a medical society, particularly one which maintains a library, may prove the salvation of the man who from success in practice needs to pray the prayer of the Litany against the evils of prosperity."

It is also easy to note the new vitality of various professional journals which always followed this Doctor's appearance in any community. Wise counsel can be obtained by a perusal of the story of the man and his relationships with his colleagues and students in these matters, counsel that surely is applicable to other professional groups. We shall not labour the point further. To use a favourite quotation of his own,

"Knowledge comes, but wisdom lingers."

But the most fascinating—and perhaps the most pertinent—part of the tale is yet to be told. In the course of his story Dr. Cushing remarks that Osler never failed to "hand on a book he enjoyed, either as the volume itself or through a review calling attention to it." That brings us to the sheer delight of Osler the man of letters. Leaving all thought of medical instruction aside, can we ponder upon the effect of this teacher in his contact for nearly half a century with an endless throng of students, students of all ages, but including many young undergraduates who were, as he describes it, "still plastic and unhardened by contact with the world"? These, if susceptible at all, were having the spell of the world's literary treasures cast upon them and the magician at work was a consummate artist. At all times he was passing on to others something from those lettered stores that he loved so passionately: this, an inevitable effect at all times, became a particularly deliberate effort with young pupils as he laboured with them, hoping that "the charm of high thoughts clad in beautiful language may win some readers to a love of good literature." To awaken or develop that particular taste was a necessary part, in his estimation, of his own responsibility to his pupils; to be subjected to such an influence was a necessary part of the full opportunity which should meet every young medical student on entering the University. The significance of that attitude should sink deep into our minds. He "inspired his students with enthusiasm for letters" and taught them "the rare rewards" that come thereby.

With something of the weight of this authority behind us, we would suggest rather timidly that our professional journal might be well content to accomplish but two purposes: the first of these is to give its readers prompt information of the world's progress in the affairs of our own profession (and necessary, kindred subjects), and the second—not one whit less important—"to inspire" its readers "with enthusiasm for letters." The extent of its activity and its wisdom in this extra-professional realm may indeed be the true measure of the journal's total success or failure.



THE CHATEAU LAURIER HOTEL, OTTAWA
Where the Canadian Nurses' Association will hold the General Meeting, August 23-27, 1926

Left to Your Own Resources

By ELINOR N. WADE, Reg.N.

Once for several months I held the position as Provincial District Nurse in the Wild Lands of our Dominion. I was sixty miles from a doctor, and twenty-five miles from a telephone. The means of transport were saddle-horses and, on the better trails, a wagon or sleigh. My district was four hundred miles of jack pine and lake country, and I lived alone in a little cottage near the general store. I encouraged most of my patients to come to me—giving free advice and charging only for medicine and for visits to the homes. I also did public health work and school work.

One night I was very tired, after having spent the whole day in the saddle, visiting a post-natal case twelve miles away and several other minor sicknesses and follow-up school cases on the road. It seemed as though my aching limbs had just allowed me to sleep, when there came a knock at the door, an insistent and continued knock—not the usual sound of our woodpecker or the cattle bumping against the fence. I called out, "Who's there?" A boy answered, "DeBout." I went to the door, and a youth of about sixteen years, trembling and stuttering, told me his friend, Fritz Haines, had shot himself while cleaning a gun. I said, "Is he dead? If so, go quickly to the police" (twenty-five miles away). DeBout said "No," but that I had better come quickly.

I told him to find and saddle my horse, which was in the near pasture, while I dressed and flung a few instruments into a clean towel.

Fritz was not in his usual shack, about six miles away, but at DeBout's home, eleven miles distant, up in the hills. The moon was shining when we mounted, and we seemed to ride as in a dream, through mysterious shadows. The boy, anxious to hurry, took what I thought most impossible short-cuts. We went through a pine wood, gloomy and dark, stepping over fallen logs; we leapt over musical creeks; we skirted dangerous muskegs. After a while the moon disappeared, and it was quite dark. A hint of dawn came—greenish and pinkish. Then we went higher up the hillside, and a strip of fog or floating cloud seemed to envelop us. Now and then this curtain of cloud had a sheen of gold. At last we left the mist behind us, and DeBout said, "There is our house." At that moment I saw the sun, a huge golden disk, rise from the sky line, and was able to see ahead of us a neat-looking log hut.

Inside the hut all was confusion and disorder, with large blood-stains on the floor in several places. In a dark corner Fritz Haines was lying, groaning, on a bed. DeBout's mother and father and a neighbour carried the bed to a window, while I laid out my instruments, scrubbed and lysolled my hands, and put a white apron over my khaki riding suit. The boy had been shot through the hip near the acetabulum by a bullet from an out-of-date German gun. The wound looked as big as an egg, but did not appear to be near the femoral artery. I examined his overalls, and found that only a very small piece had been removed by the bullet on its entrance. Then came my great question: Should I or should I not clean out the wound? He was bleeding profusely. I decided to give "first intentions" a chance, so shaved and cleaned up generally and covered the wounds with sterile gauze and iodine and put on a tight bandage, wondering all the time if I did the right thing. Then another question arose: Should I move him or should I not? My own feelings decided that question. My cottage was a day's journey in

a wagon from the stopping-place reached by an auto stage. This boy was eleven miles from my cottage, over worse roads. I decided that to move him would be fatal. I also knew that if he died the coroner would blame me, whether I moved him or did not move him. While dressing his wound I could see in my mind's eye the same accident in my training school (one of the largest general hospitals on the North American Continent). How the patient would be surrounded by surgeons, internes, orderlies, nurses and probationers! How he would be given anti-tetanic serum and many other things which I had not!

I taught the woman of the house to take a temperature, and told her what symptoms would indicate that I must be sent for immediately. Then I rode home, accompanied by the neighbour, who was to take back some supplies.

After forty-eight hours I returned. My patient was in high fever, and the people informed me that the bullet had passed through a leather pocket-book and five-dollar bill, folded in four.

This time I did not hesitate, but thoroughly irrigated the wounds and instituted Carrel Dakin irrigation, as near as possible, by putting tubes and drains into the wounds—which were at an angle, the bullet having grazed the hip-bone; and covered them with a thin layer of gauze strapped to place. I also put a piece of oilcloth on the bed under his hip, and had the patient or the people of the house constantly pour from a bottle cholrozone lotion, made by dissolving the required number of cholrozone tablets in bottles of cold water. This was kept up for several days. After a few weeks the boy was able to ride down to a friend's house near my cottage, and come to me for the dressing. In six weeks the wounds were entirely healed and shown to a young doctor who came on an annual visit to the schools.

The doing of the work, the long rides through muskegs, are as nothing compared with the terrible decisions one has to make! Even the "golden rule" is not always a sufficient guide. These experiences in the wilder parts of Canada have made me much more sympathetic with doctors and their procedures.

Mental Attitude

Whenever you go out of doors, draw the chin in, carry the crown of the head high, and fill the lungs to the utmost; drink in the sunshine; greet your friends with a smile, and put your soul into every hand-clasp. Do not fear being misunderstood; and never waste a minute thinking about your enemies. Try to fix firmly in your mind what you would like to do, and then, without violence of direction, you will move straight to the goal.

Keep your mind on the great and splendid things you would like to do; and then, as the days go gliding by, you will find yourself unconsciously seizing upon the opportunities that are required for the fulfilment of your desire, just as the coral insect takes from the running tide the elements it needs. Picture in your mind the able, earnest, useful person you desire to be, and the thought you hold is hourly transforming you into that particular individual.

Thought is supreme. Preserve a right mental attitude—the attitude of courage, frankness and good-cheer. To think rightly is to create. All things come through desire, and every sincere prayer is answered. We become like that on which our hearts are fixed. Carry your chin in and the crown of your head high. We are gods in the chrysalis.—Fra Elbertus.

The School of Salernum

By J. E. B.

This is the title of a book published by Paul Hoeber, of New York, in 1920. It is sure to prove interesting to those who are concerned in public health and to whom antiquity has a special charm. There are two explanatory introductions written by contemporary physicians. The main part of the book consists of a quaint old English version by Sir John Harington of "The Regimen of Health." This version was first published in England in 1607. "The Regimen of Health," however, was the work of the head of the faculty of the ancient "School of Salernum," in Italy, and was issued in manuscript form in the early part of the eleventh century. Some of its advice would be considered quite sound by public health experts today, while other parts are merely mirth-provoking.

"The School of Salernum" was a medical school conducted by the Benedictine monks. The prevalent view is that the school had no definite point of origin, but simply grew out of the gathering together of many sick patients, for it was a famous health resort. Salerno, too, was right in the path of many of the Crusaders, and was a favorite stopping-place for them, both on their way and returning.

The poem entitled "The Regimen of Health" was written as a work of medical advice for the benefit of Robert, Duke of Normandy, the eldest son of William the Conqueror. In September, 1099, Duke Robert returned to Salerno from one of his crusades, to seek relief for a poisoned wound of the arm which he had received in the war.

The introduction gives the keynote to the whole poem:

"The Salerne Schoole doth by these lines impart,
All health to England's King, and doth advise
From care his head to keepe, from wrath his heart,
Drink not much wine, sup light and soon arise,
When meate is gone, long sitting breedeth smart;
And after-noone still waking keep your eyes.
When mov'd you find yourself to Nature's needs,
Forbeare them not, for that much danger breeds.
Use three Physicians still: first Doctor Quiet,
Next Doctor Merry-Man and Doctor Dyet."

The next verse continues in the same strain:

"Rise early in the morn, and straight remember,
With water cold to wash your hands and eyes,
In gentle fashion retching every member,
And to refresh your brain when as you rise,
In heat, in cold, in July and December,
Both comb your head and rub your teeth likewise."

We get a strong whiff of superstition mixed up with some good sense in the advice against the habit then in vogue of the knights spending the afternoons sleeping in their unventilated halls, when they were not fighting or hunting.

"If R. be in the month, their judgments erre,
That thinke that sleep in after-noone is good;
If R. be not therein, some men there are
That think a little nap breeds no ill bloud;
But if you shall herein exceed too farre.
It hurts your health, it cannot be withstood;
Long sleepe at after-noones by stirring fumes
Breeds Slouth and Agues, Aking heads and Rheumes;
The moysture bred in Brest in Jawes and Nose
Are cal'd Catars, or Tysique or the Pose."

At this period, dental caries was thought to be caused by little worms in the teeth.

"If in your teeth you hap to be tormented,
By meane some little wormes therein do breed;
Which paine (if heed be tane) may be prevented,

By keeping cleane your teeth when as you feed,
Burne Frankincense (a gum not evil scented)
Put Hentane into this and Onyon seed
And in a Tunnel to the Tooth that's hollow
Convey the smoake thereof and ease shall follow."

The question of diet then, as now, seemed to be regarded as specially important:

"Four seasons of the yeare there are in all,
The Summer and the Winter, Spring and Fall,
In every one of these, the rule of reason
Bids keepe good diet, suiting every season."

Apparently the poet had doubts of Duke Robert's comprehension of anatomy, so he gives him this lesson in very simple form:

"Now, if perhaps some have desire to know,
The number of our bones, our teeth, our veines,
This verse ensuing plainly doth it shew,
To him that doth observe, it taketh paines;
The teeth thrice ten, and two, twice eight arow,
Elevenscore bones save one in us remaines;
For veines, that all may vaine in us appeare,
A veine we have for each day in the yeare,
All these are like in number and connexion.
The difference grows in bigness and complexion."

The poem ends on a cordial note:

"But here the Salerne School doth make an end;
And here I cease to write, but will not cease
To wish you live in health, and die in peace;
And ye our Physicke rules that friendly read,
God grant that Physicke you may never need."

The book is really entertaining, and well repays in interest for the difficulty in reading the old English type.

Child Management

Anger

Anger is an emotion which practically every individual experiences from time to time. It is an intense emotion and one which often leads to undesirable conduct. This is particularly true in children who, because of their limited training and experience, have not developed adequate self-control and are therefore apt to show a vicious attitude toward the object which has aroused their anger.

Anger is frequently stimulated when any of the instinctive tendencies are thwarted or obstructed. How often the little child is seen to turn in wrath on the blocks that will not stay one on another or the train of cars that will not go. He strives to break and destroy them because he can not construct or operate them as he wishes. Again, the child, and the adult too, is seen to show anger when personal wants are obstructed or pride and self-importance are injured. Fear, with no outlet for flight or escape, may arouse anger, as in the animal at bay. It is produced, therefore, by innumerable causes that may operate in the environment in which the individual is living, and it may express itself in many different ways.

In dealing with this emotion in children it is necessary not only to be sure that a certain act was an expression of anger but to determine, so far as possible, how the anger was aroused. For example, a solution is sought for the problem of a child who for two weeks has been breaking window glass. Among other things investigation may show that he was always angry when he broke the glass. The next step of importance is to find out the circumstances and conditions of the environment which produced this emotion of anger. In this particular case it so happens that it was the result of jealousy, but it might well

have been stimulated by many other feelings, such as resentment at receiving punishment which the child felt was undeserved, or failure in school or at games.

The reason for the anger is particularly important in dealing with the problems of children when anger colours the picture. The vital thing it not the anger; this is only a danger signal which warns us to look deeper for the fundamental cause from which it arises.

The emotion of anger is dependent for control upon the development of certain inhibitions or restraints, and if the child is to grow into a self-controlled and useful adult it is essential that they be established early in life. The important thing for him to learn is that the natural tendency to react to this emotion by retaliation does not at all times work out to his advantage.

One of the common manifestations of anger in children is the so-called temper tantrum, an uncontrolled outburst of kicking and screaming, which is a dramatic physical demonstration of the child's resentment. On the other hand, some children when angered become sullen and moody. Of the two attitudes the latter may result in more harm to the child. It frequently leads to brooding and unhealthy fantasy formation of a revengeful nature, which gradually may cause the child's interests to "turn in" and his energy to be wasted in living a "dream life" of things as he would have them and not as they really are. A temper tantrum, however, may result in undesirable conduct for the moment, and then the atmosphere may be cleared until the next occasion for anger arises. In a great majority of children the emotion shown is not out of proportion to the stimulation, is of short duration, and is a normal, healthy reaction. In fact, it might be said that there is something wrong with the child who never becomes angry. However, the child who meets all difficult situations in life with chronic irritability or a temper tantrum is in grave danger of developing other personality defects later which will make him an unhappy, inadequate individual in adult life.

Almost invariably one learns that the temper tantrums manifested by children work out, either directly or indirectly, to their advantage, for the moment at least. It may be that the child is determined to have his own way or craves attention, no matter how it is gained, or feels that he can obtain a bribe if he holds out long enough. The demonstration the youngster makes of his anger is so spectacular and impressive to those who have denied him his desires that they surrender and agree to his demands in order to avoid further unpleasant scenes. It is quite amazing to see the acuteness with which a child can choose the time and place where giving in to him will seem almost a necessity. In this way the child quickly learns that he can partly control his surroundings. Soon the tantrums which originally were produced by situations calling for intense emotion are produced to dodge any situation requiring submission to the will of others. The temper has become out of all proportion to the demands of the occasion, and the child will as readily stage a violent tantrum if the mother has brought him home a red lollipop when he desired a green one as he would if the tantrum were the result of some real grievance.

One small boy of 4 cleverly used this method to gain attention from the family whenever he felt slighted or left out. If corrected or if things did not suit him the response was immediate. First, Johnny would burst into tears; then would follow piercing screams; if this failed to bring results he would cast himself on the floor kicking and

striking whatever came in his way. By this time the family, as a rule, relented, knowing what would follow. If, however, they held out Johnny was not discouraged. He had a final card to play. The kicking and screaming would stop; he would become rigid; because he held his breath he would begin to turn blue about the mouth. That was the end. He had brought them to his feet. Wet cloths were dashed in his face, and he was comforted and promised whatever he desired, however impossible. Having achieved his desires for the moment he would return to his own affairs. To one who is not familiar with these outbursts this may sound exaggerated, but it is not. They are truly terrifying, and it requires a cool head and strong determination to hold out against a child under such conditions.

These are only a few of the most obvious causes of temper outbursts. It must be remembered that there are more subtle reasons for them which may not always stand out so clearly. Suppose, for instance, the boy in his play is quietly following out a line of action he has planned and is eager to finish. At a word from an uninterested "grown-up" all his plans and efforts must be stopped or be tossed aside, whether he can see any reason for this or not. Is there any cause for surprise that he should show his resentment in the most emphatic way possible to him? Or it may be that these temperamental youngsters are but a reflection of the instability of their parents. Do you lose your temper? Does it make you angry when your child misbehaves? Do you endlessly say, "Stop!" "Don't!" when there is no real need to do so? Don't try to gain obedience by shouting at the child, as many parents do; it only irritates him and makes him more excitable and therefore harder to control. It does not take a child long to learn his parents' limitations and to measure with great accuracy the amount of kicking, screaming, and yelling necessary to bring about the desired ends. If the parents are ready to take a firm and united stand and if they have the courage to admit, if such be the case, that they, too, may need to learn self-control then the battle is soon won.

In the first place, the child who has these explosions of temper is likely to be emotionally unstable by nature, the type of child who is not capable of withstanding the average amount of stress and strain without undue fatigue. Temper tantrums are only one of the many symptoms of nervous fatigue in childhood. They are often preceded by restless sleep, capricious habits regarding food, faultfinding and complaints of being "picked upon" by playmates and unjustly treated by parents and teachers. This means that the child needs more rest and sleep as well as more energetic play during his waking hours. He should not be confined to the house and cut off from playmates, a situation which, in itself, makes him self-centered, cross, and hard to please, and keeps him in a chronic state of tension, ready to explode at any moment. Neither should he be dragged on shopping trips, or taken to the movies, or to parades where he will be excited and overstimulated.

Temper tantrums in each instance must be considered in relation to the exciting cause and the personality of the child. If they represent an unconscious protest against the thwarting of some fundamental desire, every effort should be made to determine the cause and remove it or alter the child's attitude toward it. On the other hand, if they have become habitual—that is, a crude method of gaining an end—or if they are utilized to attract attention or obtain bribes then it must be definitely decided that they will no longer work out to the child's advantage. Once a definite stand is

adopted it will not take the child long to see that his former methods of gaining his ends are no longer tolerated, that he is making no material gain and is losing approbation by his conduct. When once he senses this the temper tantrums will be discarded.

Anger is not always expressed by such explosive reactions. There is a group of cases in which the individual is so overcome by anger that temporarily action is quite impossible. Common expressions such as "being paralyzed by rage," and "so mad I could not speak," convey well the idea. This type of reaction is not so common in children, yet it does exist. Frequently the emotion is pent up and repressed from day to day until it reaches the breaking point. Then suddenly and without apparent reason or perhaps for some trival cause the explosion takes place, and it is quite beyond those with whom the child comes in daily contact to understand how this hitherto quiet, reserved youngster could suddenly have produced such an outburst.

Many of these periodic and apparently unexplainable outbursts might be avoided if the parents would stop now and then and "take account of stock." Look into the child's general condition. Are there any evidences of nervous fatigue, such as twitching or jerking of the larger muscles or blinking of the eyes? Is he eating and sleeping well, and is his elimination good? What about school and playmates? Is he getting on well? Does he mix well with other children, or do they tease him; and if so, why? Does he play with older or younger children? Is he inclined to be a bully? Does he take his part in games? What are his duties outside of school? Is he being tutored to make a higher grade or to keep him in his class? Does he have too much to do—music and dancing lessons, which keep him from having sufficient outdoor exercise?

Find out what he is thinking about. What are his problems, hopes, and disappointments? If he seems unhappy find the cause of his discontent. He may be jealous or troubled by some ill-defined fear, or worried by the problem of sex. He may feel inferior to others. Help him to see things clearly and in their true light. Appreciate the fact that the obligations of parenthood mean something more than to see that the child has enough to eat and wear and does not steal, lie, or set fires. The big task is to see that the boy or girl is happy and that he or she is learning how to meet the problems of everyday life successfully.

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Department of Private Duty Nursing

National Convener of Publication Committee, Private Duty Section.
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Historical Sketch of St. John's Hospital, Toronto

By SISTER BEATRICE

Speaking generally, when one scans the pages of history, it is noticeable that efforts for the amelioration of ignorance and suffering took their beginning in the Religious Orders of the Church. The impetus is readily found in recognition of the fact that such a manner of life stands for the consecration of the whole being, body, soul and spirit—not to a work, but to a Person, the Divine Lover of Souls; and that life in Community accentuates the principle of corporate life with its obligation to respect the rights of the individual in his three-fold nature. Such a life, while it detaches the soul from concentration on individual love, expands its scope of activity; and hence its expression in the spiritual and corporal works of mercy.

This it is that gives us the setting in which to sketch the history of St. John's Hospital, Toronto, where in a quiet and unobtrusive way, work, embodying the best features of the art of nursing, has been done.

With the increased opportunities for technical studies, it is well to stop and consider whether the nursing profession is wholly free from the dangers which beset all theoretical instruction, culminating in examinations as a test of knowledge. For real education consists in the upbuilding and development of character. The true aim of nurse education is the intelligent application of qualities essentially woman's—viz., sympathy, tenderness, sacrifice and service, to the relief of the sick and suffering. Nursing does not consist merely in the relief of physical suffering, but mainly in the providing of moral support in times of fear and pain. It makes great demands on personality, and requires a true love on the part of the nurse; for many are the acts of service which cannot be defined or taught, and which alone are inspired by love. We do not learn to love by knowing; but, contrariwise, we learn to know by loving.

The first great physician of history was a pagan, born 460 B.C.—Hippocrates, a Greek; yet in his book of **Precepts** he says that, "Where there is fondness for mankind, there also is love of the art (of medicine)," meaning that the art of medicine cannot be practised without good-will to our fellow-creatures.

The Mother Foundress of the Community of St. John was a woman of strong personality and outstanding ability. By the courtesy of the Sisters of St. Mary of Peekskill, N.Y., she passed her novitiate in that Order, and was professed as the first Sister of St. John the Divine on September 8th, 1884. She came immediately to Toronto, where plans for her residence had been made, and, together with the three or four ladies who joined her, engaged in mission work, visiting the sick and poor, in the Parish of St. Matthias.

When the Northwest Rebellion broke out under Louis Riel in 1885, the Synod, then being in session, offered assistance to the military authorities. The reply came back: "No volunteers, but if you can send trained nurses under one head we shall be grateful." The Mother Superior, with her little band of fellow-workers, set out for Moose Jaw, at that time a small settlement, more or less difficult of access.

With true womanly instinct she had conceived the original idea of providing "soldiers' comforts," and

for the purpose took with her pipes, tobacco, magazines, a bale of red bunting, bandages, etc. Upon her arrival she had a marquee set up and equipped with improvised furniture, consisting of packing cases covered with red bunting, and by this means made an attractive sitting-room for the soldiers. It is not difficult to imagine the joy on the faces of the men as they hobbled into these comfortable quarters and got their first sight of the treasures contained therein, bespeaking the presence of woman, with her intuitive understanding, sympathy and power to relieve suffering.

The recent war has so familiarized us with the idea of woman's presence in the military hospital ward, that we hardly realize how novel a thing this venture was in 1885.

When the young graduates of St. John's went to France and Mesopotamia, neither they nor the Sisters realized that they represented the Community, which, as was afterwards learned, is on record at Ottawa as providing the first women to nurse the military in Canada. The knowledge of the fact increases the Sisters' appreciation of the military service medals which they hold and value as a trust to be handed down to posterity!

The Reverend Mother was known amongst the Indian rebel chiefs as the "Good Squaw." It was always interesting to hear her relate, with her clever Irish wit, anecdotes of the Sisters' experience; for a keen sense of humour was another contribution which she brought to the forlorn and desolate invalided men.

Upon the return of the Sisters to Toronto, in the Autumn of 1885, it was found that a small house, capable of holding eight patients, had been bought and fitted up as a hospital. This was situated at the corner of Euclid Ave. and Robinson Street.

Here began a work unique in its character—a hospital for women. Gynaecological and, indeed, all abdominal surgical work was in its infancy, and **Listerism** was the order of the day. The Reverend Mother, with her practical common-sense and inventive genius, added to the training received in Trinity Hospital, New York, quickly drew the highest in the medical profession to the doors of the little hospital, and there were forged life-long friendships, prominent among which may be mentioned Mr. I. H. Cameron, Dr. Temple, Dr. Henry Machell, Dr. Alex. Davidson and Dr. J. F. W. Ross.

Nursing, characterized by skill and devotion, was instituted—a precedent which the Sisters have always endeavoured to follow and hand on to their pupils.

In 1889 the new building on Major Street was begun, and occupied the following year. How palatial it seemed, with its large, airy rooms, and the "big" public ward, affording, in all, accommodation for 25 patients!

Here, again, was pioneer work to be done in establishing a precedent of hospital care for the well-to-do.

It is difficult for us to cast our minds back to the time when "hospital" stood for experimental work for the training of students, and to become an inmate was almost tantamount to being a pauper. True, there were, at the time of which we write, some private wards in the General Hospital, but these were not generally used by the more prosperous citizens. St. John's, with its attractively furnished rooms—distinguished one from the other with a brass knocker on the door, and by the name of a Saint instead of the conventional number, and with the quiet and dignified bearing of the black-veiled Sisters, as they moved about, soon became known as a private hospital (the first in Toronto), and rapidly dispelled the old-fashioned prejudice against hospitals. But, of course, at first **private patients** would not **think** of going to

the operating room; all surgical work must be done in their own wards. And what a to-do it was, with preparations begun overnight —tables, jugs, basins, pails, sea-sponges and what-not—all carried downstairs (for there was no elevator in those days). And on the morning of the day itself, the patient must first be taken to lie on the couch in the sitting-room, the rug removed from the floor, and the furniture carbolized. The bureau had a clean (not sterile) towel placed on it, and was used as "sponge table." The instruments were produced from the surgeon's bag, wrapped in a fresh towel, ready for use, for had they not been sterilized at the doctor's office! A good scrub with castile soap, followed by mustard paste, prepared the hands which performed the operation ungloved.

As to the preparation of the patient—she was sent in several days, or perchance a whole week, ahead of time, to be dieted and made familiar with her surroundings. The rest to the nervous system which such a course gave was invaluable, and might profitably be made a precedent for present-day cases. The local preparation of the field of operation began two nights beforehand. There was the scrubbing with soap and cleansing with turpentine, followed by the application of wet bichloride or carbolic towels, left on for twenty-four or thirty-six hours. In abdominal cases the wound was usually left open, and a perforated glass drainage tube inserted. A rubber catheter attached to a sucker was inserted down this tube every four hours, the serum drawn up, carefully measured and recorded. Little wonder that hernias were a more or less frequent complication: shall we attribute the absence of infection to the virtues of iodoform powder!

Operations were unusual in those days. The writer recalls a patient coming into hospital with a cystic tumour weighing eighty pounds. One can hardly imagine a growth being left to reach such dimensions in this more enlightened age. So novel a thing was surgery that one notices with interest the names of five doctors recorded as being present at a minor operation. An "Appendectomy" (or more correctly, "Epityphlectomy"), and an "Alexander" might reasonably be classed as major cases, if such are reckoned by the length of time it would occasionally take those familiar with the human anatomy to reach their objective! The after-treatment of abdominal cases deserves mention. The patient was not allowed to turn on her side until the lapse of one week. After the first twenty-four hours the surgeon **might** order sips of hot water. The reason for withholding it was the fear lest it should produce an emesis, and that in turn lay open a ligated vessel. And what of results? The patient would oftentimes seem to go down to the brink of the grave; but she usually made a recovery. The Sister rarely left her charge for the first two or three days and nights, and in many cases for a much longer period. Such is the strength given to those privileged to be pioneers.

In course of time a Training School for Nurses was established, which eventually became affiliated with the Training Schools of the Toronto General Hospital and the Hospital for Sick Children, in order to supplement the experience in courses not provided at St. John's. There are thirty nurses in the school, apart from the novices who are being trained. It is the custom to arrange the date of graduation within the octave of Whitsuntide, that being an especially suitable season at which to send the nurses out on their career, carrying with them the thought of the Source from which guidance and strength for the faithful fulfilment of their womanly task is to be found.

This record would be incomplete without mention of the work done for out-patients. In 1891 a free dispensary was opened at the Mission centre in Seaton Village, a district bounded on the east by Bathurst St. and on the south by Bloor St. The approach to the dispensary was through thick mud and across wide commons, studded here and there with small dwelling places and shacks. It was in this dispensary that Dr. Fotheringham, Dr. F. W. G. Starr and other prominent members of the medical profession treated their earliest patients.

In the opening of the present Out-patient Department of the Hospital the Sisters have chosen a thickly-populated but equally needy centre for their work, viz., the corner of Portland and Stuart Streets. The Clinic there carried on was established as a memorial to those who fell in the recent war. The basement of St. John's Garrison Church was offered and accepted for the purpose. Major-General Fotheringham is the physician-in-chief, and associated with him are men of outstanding ability. The Clinic, which was opened in March, 1922, has had a steady growth. There were over two thousand consultations for children and two thousand adults last year. With such large and ever-increasing numbers the Sisters find themselves well-nigh crowded out of their present quarters. It is hoped that some day a suitable building may be erected, in which the work can be extended in the district. Surely no more worthy cause could be found upon which to expend one's charity than in furthering the efforts of this patriotic band of nursing Sisters in their ministrations to suffering humanity. Notwithstanding the additional accommodation made through the purchase of five houses on Brunswick Avenue, which enabled the Sisters to release rooms occupied by nurses and to increase the capacity for patients to sixty-five beds, the Hospital is much too small to meet the demand made upon it; particularly is the limitation felt where room is required for patients referred from the Clinic. The "waiting list" stands at one hundred and twenty at the time of writing!

St. John's has always been a "closed hospital," a policy which, it is true, made a few enemies, but many more friends, for the standard of work done has been of the highest type, ethically and scientifically.

Ventilation

Your aim should be to keep every room between 66 and 68 degrees. If some rooms become overheated, and do not cool sufficiently when the heat is turned off, you should find some way to let out the warm air and bring in cool air. This problem you will probably solve in some common-sense way. Keep in mind the fact that hot air rises and cold air falls. If you can provide an outlet above and an inlet below, with protection against drafts, you are likely to establish an agreeable and healthful circulation.—By C. E. A. Winslow, in "Hygeia," February, 1926.

Department of Nursing Education

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Some Aspects of Nursing Education

By E. NORA NAGLE, Reg.N.

I felt a very unworthy but honoured person when asked to speak this evening to you, the Nurses of Quebec in Convention, on the subject of this paper, "Some Aspects of Nursing Education." This paper may not say anything new, but please bear with me and think, as I do, that the oft-repeated thought becomes an increasingly strong force towards action, and is always a stimulus to renewed effort.

Nursing has always been a profession in its spirit of service—in its own selfless attitude of help and assistance towards illness and misery; but it has not always been a profession in the other things that are required—that is, in the methods of preparation of the individual for better understanding and the best application of the spirit of service which fills her.

The nursing of early Christianity was such. It was the women of the higher or cultured classes who, inspired by the wonderful new Christian charity, gave freely of the services of their hands and minds to those in distress. As the need increased, the new knowledge gained was taught by them to others, until gradually such centres as the Monastery Hospitals became the schools of this new profession, and then, as now, there developed many thinkers and directors whose achievements we have little definite means of knowing. Through periods of upheaval and distress this ideal of a knowledgeable service to mankind was nearly lost. It was renewed in the establishment in Paris, 1633, of a little home in which Mlle. le Gras and the Sisters of Charity under St. Vincent de Paul began a definite preparation and teaching of the young women in the nursing care of the sick in their homes.

It was established for all times, in 1836, when Pastor and Frederica Fliedner opened a small hospital and adjoining school at Kaiserwerth, in which an attempt was successfully made to teach the young women the reason for the manual dexterity she had acquired. Here, in 1851, Florence Nightingale came to observe and be taught such organization of nursing which was thought possible after the years of depression. Taking away with her this acquired skill, and an increased love and appreciation of her chosen work, Miss Nightingale's early broad education and travel made her ready for the crisis the war in the Crimea presented a few months later. There, because of these qualities, Florence Nightingale, as you well know, lifted the ban and proved nursing worthy of professional standards. A profession, as the dictionary defines it, is an occupation that involves a liberal education and preparation.

It was one thing, however, to prove the possibilities of nursing as a profession, but it has remained a much different problem through all the following years to establish it as a profession. Slowly, perhaps, as we view the progress made; rapidly, indeed, as we think of the immensity of the problem, the development of this profession amid almost unsurmountable obstacles and difficulties is being accomplished.

Since Florence Nightingale's somewhat curt dismissal of a bad old system and insistence that a carefully selected and a carefully educated young woman only should be entrusted with the care and observation of the very sick, many strong women have followed, carried high and kept alight the torch of a broader and increasingly useful sphere for women in the profession of nursing, until the public has at last recognized the value of such assistance in its own great work of preventive and curative measures, and now has come to seek the application of nursing in ever-increasing ways.

At first each individual head or leader progressed only as she interpreted the need of the hospital or of the nurses in the hospital, or as the solution of the problems before her was reached. From these earnest efforts, however, came success and a demand for nurses. Increased building of institutions of care followed. The coming together of nurses in a locality was inevitable to deal with the ever-increasing problems, and from this beginning a universal or national organization was formed. Then the individual problem became the problem of the group, and solution of these difficulties was not easy, but decisions were more forcible and action more readily taken.

Progress, then, along definite lines came with organization and the strength it gave. Vice-versa, organization and its strength were only possible when the individual felt the need and accepted its power. This remains as true today as it did thirty-three years ago, when one national organization was formed. The endeavour to work out the problems of the nurse has brought the matter of the education of the nurse entirely into the hands of her own profession, and made it its own responsibility; not the responsibility of any other isolated group of people. Nurses should recognize this, and realize that in the right education of the student and of herself lies the broad appreciation and future success of her profession.

With the organization of nurses into this effectively acting body of women, three great problems were recognized as a general need:

First: The importance of some recognition of the standard of service given by the nurses; or, in other words, some public protection of the graduate nurse and her profession in the world outside her school of nursing.

Second: The necessity of securing the right type of young woman for this profession—one who must feel the loyalty necessary to the ideals of the work.

Third: The need of a uniform method of preparing and equipping the student nurse for her future. This necessitated the great change of attitude towards the young nurse which has come about, and brought her into thought as the student of nursing, not as an apprenticed employee of the hospital.

The first difficulty was an immediate one, and probably was the real reason for the organization of nurses. It has been solved with difficulty in the recognition of nursing through registration of nurses by the governments of the provinces. Much must yet be done to perfect this state; but a step, and in some cases only the beginning of a very cautious step, has been taken in the right direction. There must be no looking back until the safety of assured public opinion has been reached.

The solution of the second problem lies, in a measure, with the individual superintendent of a school of nursing, but very often the hospital needs may stand out as a strong factor in this; so a slowly succeeding effort is being made to insist on a preparation for this work, as judged by a standard education of the student previous to entrance.

This does not necessarily exclude promising candidates, as it would at first seem. That such a method is universal in any educational scheme is shown by the elaborate sheets of credits, poor and one-sided method as it may be, which are required today before entrance into any professional school.

Much as this system may lack, it is, until a better solution be found, a sincere effort to assure for the nursing profession students of previous good home and school life.

The last problem, probably because it has been the most difficult of solution and involves the greatest amount of change, has only slowly been progressing, except, again, as the individual superintendent of nurses appreciates her responsibility (in this regard). This problem is the now recognized responsibility to the student, and includes the need of providing her with the necessary basis on which to build the future, when she will stand alone. Today, because of registration, a minimum curriculum of studies is insisted upon provincially, and a school inspection is made which must present its own great difficulties, since judgment can only be given when there is a definite basis on which to place it.

The future of this problem lies no doubt in the grading of schools of nursing, a term that is not popular; so rather, let us put it, in the necessity for a combined and definite effort to bring all schools of nursing up to a standard which has been accepted as right by those whose experience may give them this power. It will mean much change and great revision of the conditions of today. Let us hope that this crusade will be begun and well carried out by the members of the profession, as it has been from the beginning always these women of foresight and courage who have helped and guided this newest, yet oldest, of professions to its place among the great services to man.

An interesting fact in this connection came from the convention in Helsingfors, when it was learned that the central school there was organized and maintained by the graduate nurses of the city. This, again, brings attention to the need of the individual as well as the organization interest in solving nursing problems.

Again, it was the need for more and better nurses in the special field of public health which caused the Rockefeller Foundation to call a conference on this subject in 1918, and later to appoint a committee on nursing education, since it was manifest that the fundamental problem of this special difficulty was the problem of the school of nursing or student education.

Since this problem of student preparation is such a far-reaching one, it might be well to touch on the methods used at present in the education of the nurse.

First: The oldest, and should now be obsolete, method, in which the young woman with little other recommendation than that of good character and health was accepted to the hospital services, and from the experience gained from few related lectures or talks and three years' practical work in the hospital, graduated to the exacting requirements of a busy world. Such graduates are pitifully unprepared for today's scientific problems, and success, as we measure it, only comes to such nurses after years of self-preparation or special experience.

Second: The second method is the method used in most of present-day schools of nursing. It is based on, first, the provision by the hospital of sufficient class room, laboratory and housing space to enable groups or classes of students to be admitted twice during the year; and second, the provision by the hospital of prepared instructors, who do prepare and teach the essential sciences, and who arrange, as closely as possible,

that the theory given will relate to the student's practical experience at the time, and to the future problems likely to confront her. The nursing staff of the hospital becomes the faculty of the school of nursing, and is practically depended upon to relate in the student's mind the class room instruction with the experience gained in each department. At the end of these three years of education and application, the student must have gained sufficient basis for understanding of the problems ahead of her to make her place in the profession assured and to secure the protection of registration.

The majority of nurses today have graduated from such schools. The success attained by so many of these nurses might well be attributed to the earnest endeavour of their schools of nursing to provide this right basis which makes so valuable their later experience.

In appreciation of the great advantages university education may give, many hospital schools or alumnae associations of these schools have made possible the use of scholarships which have so often helped the successful and adaptable student to specialize in some one branch of nursing early in her career.

Third: The central school is a method in which students from many schools receive the instruction necessary for intelligent practice in their schools of nursing. It makes possible better school equipment, more and probably better prepared instructors, and assures a standardization of teaching and nursing in that communtiy.

Fourth: Schools of nursing have become affiliated whenever possible with university schools, and have enjoyed all the advantages, special teaching, influence, and the stimulus a university-student-atmosphere can give to any science. Such university courses may be of two kinds: First, a five-year course. The student enters as a matriculant, and at the end of a well-planned five years is accorded a B.S. degree in nursing, which may well fit her for her future responsibilities. Second, the three-year course, in which the student entering the hospital with two years' university credits spends three years in hospital training, during which time one semester is spent at the university. Some of the sciences taught in the hospital or at the university receive university credit in addition to the thirty-hour blanket credit for nursing science and its application. A B.S. degree is accorded to such students.

Fifth—The last method of educating the nurse is the unique opportunity given to the nursing profession in the established Yale School of Nursing—a distinct and separate school of nursing, as the school of medicine is distinct and separate. This is the first opportunity nursing education has had of throwing off entirely the apprentice method, and being in every way an educational unit—a school of nursing.

Need I say that these methods in use today in preparing the student for her future are big in ideal, but in practise often involve very great endeavour, careful planning, and then only partly fulfil the obligation felt towards the student by the hospital school of nursing.

The need is money and opportunity, in this busy, restless age, to gain a proper perspective of values. Both seem impossible.

Endowment of schools of nursing is at present thought to be the solution of many difficulties. The fact of a separate working budget, entirely apart from the hospital expenses, would gain the self-confident independence for these schools which would be of untold value towards progress.

One brief respite was taken by the Rockefeller Committee on Nursing Education, and its splendid report has given much food for thought to those interested in that second prob-

lem, the responsibility to the student nurse. The findings of this Committee were so vital that I venture to quote them. First—That the average hospital school is not organized on such a basis to conform to the standards accepted in other educational fields. Second—That instruction in such schools is frequently casual and unrelated. Third—That the educational needs and the health of the students are frequently sacrificed to practical hospital exigencies.

It is not then in ideal but in practise that the schools fall short of requirements as accepted in other educational fields. This leads us to view the need of the hospital school of nursing. To cover the first big criticism, such equipment as class rooms, laboratories, etc., would be of little use if not used and applied well in the teaching of an adequate syllabus of study to the student, one that will cover present and future needs to equip her for her place in the great field of preventive medicine which from whatever angle the student nurse may enter the profession is essential to her in her role of a teacher of health, which is today's slogan.

Such a wealth of teaching and fund of experience lie in the utilization of the hospital departments. It would seem, then, that the only requirements would be some interested person or persons who, realizing the student's lack of observation, would be there to direct her new-found knowledge into channels of worthwhile experience and observation. The instructor of the sciences cannot be that person. Her application must come in, not out, of the class room because of lack of time and opportunity.

This director must be someone in the departments. She is the new teaching supervisor, a head of a department, specially prepared and chosen for this work. She becomes a most important member of the school faculty, and must have prepared herself for this work by university post-graduate work of this special type. Then, when these teaching supervisors are possible, the gaunt criticism of unrelated theory will have almost disappeared in the wake of a more comprehensive syllabus.

The third criticism offered is indeed a very true one. Much, however, has been done to relieve the student of tasks which are of no educational value, once proficiency has been gained. I refer to ward helpers and nurse assistants. The greater need lies in the necessity, where a long day is still in existence, of including lectures or class work in that day's duty time, thus allowing the student study and recreation time. This means much revision of work, even in hospitals of an eight-hour day. Teaching effort is of no avail if the receptiveness of the student is low. More students, greater assistance, is no doubt the only answer, and that becomes each school's own special problem.

Nursing education, although primarily of the greatest importance in our minds for the nurse-to-be, is of immeasurable importance as a continuous process to the nurse-who-is. Reading a volume of A Trained Nurse—a nursing magazine of 1890—with this one thing I was impressed: the immensity of the difference in why we do things today and why we did the same things then. The difference lies in the great advance in scientific knowledge of yesterday and today. If you will read, too, you cannot but see why there must be constant revision of our own ideas and thoughts. This is so easy to attain today by making use of the splendid refresher courses offered by the universities, and their more lengthy course as well, to keep abreast of the times.

(This address was given by Miss E. Nora Nagle, Instructor, Ottawa Civic Hospital, Ottawa, at the annual meeting of the Registered Nurses' Association of Quebec, 1925.)

A Few Notes

By MARY F. BLISS, R/N.

Standardization is a word frequently used today in connection with Training Schools for Nurses, and to all superintendents of nurses it holds a peculiar interest, more or less.

The natural outcome of the impetus given during the past ten years to a higher educational standard in Training Schools for Nurses is that the superintendents, in their zeal and ardour, after much reading and discussion of ways and means, are decidedly of the opinion that there is much to be said for, and very little against, a standard curriculum. That the student on entering the school should be given a definite course of study in a curriculum outlined, if possible, by the provincial (nurses') association of the respective provinces.

In New Brunswick a committee on Nursing Education is attempting to solve this problem by securing the co-operation of superintendents of training schools in discussing text and reference books for student nurses. It is hoped that if standardization of these books is effected, student nurses, when they reach their final examination, will feel that they are getting equal, open, fair play. For many reasons examinations have been bugbears in the past: through lack of qualified instructors, insufficiency of time allotted to class and study; understaffed schools, etc. But, surveying matters as they are today, and looking into the future, there appears to be little need for these feelings of apprehension. Throughout her three years' course the nurse should be made cognizant of the fact that her studies are similar to those in the other training schools of the province, all planned with the same end in view. Her attitude towards her examination for registration should be only a lively interest and friendly competition.

Registration we must have: it is the Protection Policy of every graduate nurse. Let us strive to make it a goal eagerly sought; not one to be approached with fear and timidity. Let us impress the student that in doing her daily round, in attending lectures, demonstrations, etc., she is being developed and equipped for her objective, graduation and registration, in the confidence that through the efforts of the provincial association her interests have been protected throughout her course of training.

(Miss Mary F. Bliss, R.N., Supt. Soldiers' Memorial Hospital, Campbellton, N.B.)

SOLUBILITIES OF COMMON INORGANIC COMPOUNDS IN WATER

All salts of sodium, potassium, and ammonium are soluble, with the exception of two or three very uncommon ones.

All nitrates are soluble.

All bromides are soluble, except those of lead, mercury and silver.

All chlorides are soluble, except lead chloride, mercurous chloride and silver chloride.

All the common carbonates are insoluble, except those of sodium, potassium and ammonium.

The sulphates of barium, calcium, lead and strontium are insoluble; others are soluble.

Phosphates are insoluble, except those of the alkali metals and ammonium.

The oxides of sodium, potassium, calcium, barium and strontium react with water to form hydroxides. Oxides of the other common elements are insoluble in water.

The hydroxides of sodium, potassium and ammonium are soluble; those of calcium, barium and strontium only moderately so, while other hydroxides are insoluble.—(The Fundamentals of Chemistry, by Bogert.)

Department of Public Health Nursing

National Convener of Publication Committee, Public Health Section,
Miss ELSIE WILSON, Prov. Dept. of Health, Winnipeg, Man.

Diphtheria Prevention Campaign

(City of Calgary)

By NAN B. D. HENDRIE, Reg.N.

Even a cursory glance at the figures on this page will show to all those who are interested in public health matters that the dreaded disease, diphtheria, is not by any means stamped out yet, in spite of antitoxin, all modern means of treatment, and prevention by the use of toxin-antitoxin.

In the spring of 1925 the citizens of Calgary had to face the fact that they had a larger number of cases of diphtheria the previous year (1924) than the city had had for any single year in a period of ten years,

Year	Case incidence	Deaths	Mortality rates per 100,000 population
1915	92	13	18.9
1916	112	24	34.3
1917	64	10	14.3
1918	19	4	5.7
1919	58	2	2.8
1920	180	9	12.8
1921	168	26	37.1
1922	113	12	17.1
1923	198	14	20.0
1924	293	16	22.8
1925	113	9	12.8

(Estimated population of Calgary is 70,000.)

and probably the largest number of cases it had ever had—Calgary being a young city.

For some years toxin-antitoxin had been supplied free by the Provincial Board of Health to the local Board of Health, but very few people knew of its existence. It was felt to be an urgent necessity, by all those interested in the health of the city, that all children, pre-school and school alike, should be inoculated. This would be no small undertaking, as Calgary has a school population of approximately 13,000, and 7,000 under school age. Then the question of paying the doctor would naturally make a number of parents with large families and small incomes hesitate before starting preventive treatment. At this point the Calgary Medical Association most generously came forward and offered to give toxin-antitoxin inoculations free to all, provided the Provincial Board of Health would continue to provide the toxin-antitoxin free. Their offer was gratefully accepted by the City Council and the Medical Officer of Health.

A campaign was thus started to stamp out diphtheria, and the newspapers all co-operated to the fullest extent by giving all the publicity they could to the subject, publishing articles frequently by the Medical Officer of Health and by leading physicians of the city, dealing with the necessity of toxin-antitoxin treatment.

The School Board also started a campaign in the Calgary schools. Each school child was given a leaflet to take home to its parents, with full information on the subject of diphtheria prevention, and the information that treatment could be had free from the family physician or any doctor in the city. Toxin-antitoxin was also administered free at the City Health Department, the Pre-School Clinic, and the Gyro Clinic.

The campaign was started towards the end of February, 1925, and by the end of the year it is estimated that over 4,000 children had received the treatment. During the summer holidays the rush died down, and it was felt that interest should be stimulated again. This was managed by the distribution of "Train Tickets to No-Diphtheria Town," thousands of which were provided free through the courtesy of the Metropolitan Life Insurance Company. The idea of these "Train Tickets to No-Diphtheria Town" caught the children's imagination, and many came to their doctor's offices with their tickets, in a more or less dilapidated condition, clasped in their hot little hands.

Of the nine deaths from diphtheria in 1925, all but one took place in the spring before the campaign had a chance to show its effects. In January there was one death, in February two, in March one, and in April four. There were no more deaths until November, when there was one.

So far as the Health Department is aware, only four individuals developed the disease who were previously inoculated with toxin-antitoxin. Two of these cases were nurses-in-training in hospital, who had sore throats which were swabbed and found to be positive to diphtheria, but had no membrane. The third was a mild case, in a child. In the fourth case, the child had very badly diseased and enlarged tonsils, almost meeting at the back of the throat.

In conclusion, one sees, therefore, that there is still much to be done in the way of educating the public and keeping up interest in the subject of diphtheria prevention by the use of toxin-antitoxin or diphtheria-toxoid, as the new product is called, which is issued by the Connaught Laboratories (Toronto).

In spite of all that has been done, and is being done, diphtheria is, like the poor, "always with us," and evidently will continue to be until every child in the city has been thoroughly protected by the use of diphtheria-toxoid.

(Miss Nan B. D. Hendrie, Reg.N., District Superintendent, Victorian Order of Nurses, Calgary, Alta.)

The Children

By ANGELO PATRI

From "The Schoolmaster of the Great City."

Yesterday the rain fell and the snow. I bent my head to the wind and went on. Then I met a boy, a very small boy he was, not big enough to be at school. He ran to me and took my hand and smiled, and I laughed and raised my head and walked on stepping lightly to the music of the rain and the snow.

Each day and every day, to school and from school, I meet you, hundreds of you. You smile and the welcome in your eyes is wonderful to see. You meet me and as you go you take me with you, free and joyous as yourself. Surely my life is blessed, blessed with the smiles of countless lips, blessed with the caress of countless greetings.

Do you feel that you have need of me? Know then, oh, my children, that I have far more need of you. The burdens of men are heavy and you make them light. The feet of men know not where to go and you show them the way. The souls of men are bound and you make them free. You, my beautiful people, are the dreams, the hopes, the meaning of the world. It is because of you that the world grows and grows in brotherly love.

I look a thousand years ahead and I see not men, ships, inventions, buildings, poems, but children, shouting happy children, and I keep my hand in yours and, smiling, dream of endless days.

Preventable Maternal Mortality

"A death in childbed is almost a subject for an inquest. It is nothing short of a calamity which it is right we should all know about, in order to avoid it in the future." So wrote Florence Nightingale many years ago. Could she study the maternal mortality statistics of today she would, alas, see small progress compared with that made in other branches of preventive medicine. Mothers in the prime of life, at the time when they are most valuable to the community, are still dying unnecessarily, owing to want of care during pregnancy and childbirth.

The following table* shows the maternal mortality in the foremost countries of the world:

Year	Country	No. of maternal deaths	Rate per 1,000 births
1922	Denmark	146	2.0
1922	Netherlands	454	2.5
1918	Sweden	304	2.5
1916	Italy	2,351	2.6
1920	Switzerland	235	2.9
1923	England and Wales	2,892	3.8
1922	Australia	621	4.5
1923	Spain	3,010	4.6
1923	Irish Free State	297	4.8
1923	North Ireland	148	4.9
1920	Germany	7,865	4.9
1922	New Zealand	149	5.1
1922	Belgium	827	5.4
1922	Canada (registration area)	907	5.5
1916	France	1,895	6.0
1923	Newfoundland	46	6.2
1923	Scotland	718	6.4
1922	United States (registration area)	14,657	6.6

* From "The Public Health Journal," Toronto, Sept., 1925, p. 413.

In half of these countries, one out of every two hundred births involved the death of the mother. A shepherd would be ashamed of such a rate among his flock of sheep; he is willing to stay up night after night during the lambing season to care for them, and is often heard to boast that he has not lost a single ewe out of a flock of several thousands.

Child-bearing is at present more deadly than pneumonia. It stands third (after tuberculosis and heart disease) in the causes of death of women between 15 and 45 years of age, whilst pneumonia comes fourth. It may be thought, perhaps, that a certain number of deaths in childbirth are inevitable. To a certain degree this is true, but Denmark has shown us that the maternal death-rate can be reduced to at least two per thousand births, and it is probable that in the next decade it will fall still lower in those countries which apply faithfully all the teaching of modern preventive medicine. Thousands of mothers are still dying unnecessarily.

There are four ways in which maternal mortality can be lowered:

(1) By systematic education of boys and girls from school days onwards in the laws and habits of hygiene and physiology, so that when they reach married life they will practise in their own homes the rules they have been taught.

(2) By better pre-natal care.

(3) By proper conduct in confinements.

(4) By better post-natal care.

The last three depend a great deal on the mother herself. In these days of pre-natal and baby welfare clinics, she has her health in her own hands. It is rarely that she cannot get the

care she needs during pregnancy and child-birth if she applies for it. The good results of proper pre-natal care are shown in the records of the Toronto General Hospital, where the maternal mortality rate per 1,000 births in the public wards in 1920 was 35 where there had been no pre-natal care and only four where there had been supervised pre-natal care.

Registration and proper supervision of midwives have greatly reduced deaths among mothers, but in rural districts the untrained midwife is still common, and few mothers present themselves for medical examination in the early months of their pregnancy. Every expectant mother should "book" with a doctor and with a nurse or certified midwife early in pregnancy. Not a few deaths occur because the doctor has been called in too late, often even after the confinement, and puerperal fever, the most important single cause of maternal deaths, has already set in. Of the total births in 1922 in the Province of Saskatchewan, Canada, 7,632, or 33 per cent., were attended by neither physician nor nurse.

Care and supervision of the mother after her confinement are almost as important as pre-natal care, for how many chronic diseases and disabilities are traceable to neglect at this time or to too early return to work!

It cannot be too often repeated that this is above all a question of educating mothers themselves, and it is to women's institutions and clubs that we must look during the next decade if we intend to remove the blot of preventable maternal mortality from the record of modern health work.

(From the Secretariat of the League of Red Cross Societies, 2 Avenue Vélasquez, Paris 8°.)

Report of National Memorial Committee

It is expected that the unveiling of the Memorial will take place on the afternoon of August 24th. His Excellency the Governor-General and the Prime Minister have not yet given unconditional acceptance of this date, but it is hoped it will be satisfactory. Meantime we are proceeding with plans for that day.

The unveiling ceremonies will be shared by His Excellency the Governor-General and Matron-in-Chief Macdonald.

The Memorial will be presented to the Government by Miss Jean Browne, President of the Canadian Nurses' Association. The Prime Minister is being asked to accept the Memorial for the Parliament Buildings on behalf of the people of Canada.

Dame Maud McCarthy is to be the guest of the Canadian Nurses' Association, and she is being asked to speak on the afternoon of the unveiling ceremony after the first ceremony has been completed by Matron Macdonald. Because of her association with the Canadian nurses in France, Dame Maud will be a doubly welcome guest on this occasion.

It seems advisable now to recall certain facts made known early in the preparations for the erection of the Memorial: chiefly that it was the widely expressed desire of the Canadian nurses to have this Memorial placed in the Parliament Buildings at Ottawa. When permission for this was granted by the Federal authorities certain conditions and limitations were laid upon the freedom of our action. Since the decision was finally made the National Memorial Committee of necessity has been consulting with the Government officials at every step. Every decision of ours has had to receive their ratification before we could proceed, and often that has necessitated conference, resulting in delay and adjustment. It is hoped now that these efforts are to terminate with satisfaction to all as the common purpose will be fulfilled when the beauty of the sculptured Memorial will be added to our national treasures and hallowed for all time by all that it commemorates.

(Signed) E. K. RUSSELL,
Secretary,
National Memorial Committee.

Department of Student Nurses

Convener, Miss M. HERSEY, Royal Victoria Hospital, Montreal.

With the Babies' Dispensary

By VERA BRUEGERNAN

The Babies' Dispensary is a wonderful institution that watches and directs the feeding of over eight hundred babies of the city. It also gives the prospective mother medical attention, free of charge.

The babies are visited once a month, but if feeding has just been changed, or a baby be ill, it is visited oftener. This is a most interesting part of the work, as one enters so many different homes (some very, very poor ones), learns to know so many kinds of mothers, and finds that all babies are certainly not alike. Every mother is so very proud of her baby. You would never think there were thousands of others. It makes no difference in what financial or social position the mother is, whether she lives in happy surroundings or not, they never differ in this respect. Nevertheless, one never tires of hearing them talk of their babies, and their pride in them is easily excused. It is very amusing to see the babies "shown off."

In the afternoon the babies are brought to the clinics. They are weighed, and the mothers are questioned as to the baby's feedings, habits and general health. Here the services of a doctor are at the disposal of the mothers. The feeding of the babies is most interesting. They are so tiny and delicate, and it is so important that exactly the ordered food be given, and that everything be sterile. As to the quantity, it is something to wonder at, that a doctor should expect results from the addition or elimination of one-half a teaspoonful of sugar in a whole day's feedings.

There is a pre-natal clinic connected with the Babies' Dispensary. Expectant mothers are visited at intervals by trained nurses. As many have no intimate friends in the city, it means much to them to have some one come to talk to them. The nurses are friendly, and are often able to give them helpful information. The mothers attend the clinic, where there is a physician to caution and advise them. They are examined and carefully watched until the time of birth. After delivery they are examined again before they are discharged. This is a wonderful service, as, in Canada, more women die from childbirth than from any other cause, except tuberculosis and heart disease.

Being with the Babies' Dispensary teaches one that what the baby takes as food is of the utmost importance, because it makes or mars its health, strength and disposition, and, with the pre-natal care, is the foundation of its life.

(Vera Bruegernan, Hamilton General Hospital.)

[**Convener's Note:**—The Babies' Dispensary Guild is a Health Centre, at which student nurses of the Hamilton General Hospital in their first year spent two weeks. At the end of that time they are required to write a short account of the work they saw and their impressions of it.]

Canadian Army Medical Nursing Service

National Convener of Publication Committee, C.A.M.N.S.,
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The Positive Health Ideal

By N/S S. M. CARR HARRIS, A.R.R.C., Toronto

Not to have a vision of the POSITIVE Health Ideal is to miss much of the significance of many of the present-day movements, now in their infancy, but destined to exert powerful influences on the future.

The ideal of positive health takes us quite beyond the conception of health in its passive state, a mere freedom from disease, into a vision of complete well-being—the perfect machine, perfectly working without pain or damage. Therein lies its great appeal when once the vision is grasped.

For is it not true (though words are inadequate to express it) that our life's struggle is towards a state of complete well-being, a state of comfort, harmony, ease, not merely in things bodily, but mentally, spiritually and socially?

Dr. E. R. Groves, of Boston University, in "Personality and Social Adjustment," describes this as the struggle for **adjustment** between ourselves and our surroundings.

Dr. Hill, of Vancouver, B.C., in a very helpful pamphlet on "Public Health Up to Date," points out that the aim of Public Health is exactly just this same thing, to abolish disease, or mal-adjustment, and to promote perfect adjustment—which is ease, which is HEALTH. And Public Health embraces both physical and mental health.

And last, but not least, is it not just this that the Bible does—points the way to perfect adjustment and harmony?

But what are the chances of realization?

The infant of 1926 is said to have mental capacity and human instincts in no way different from his early ancestors, though his world is vastly different, his social inheritance greatly increased. Why? Because as a man thinks, so is he. When intelligent man finally **thought** of seeking for nature's laws, instead of opposing and fearing her forces as things outside himself, and departed from action based on mere opinion to a state of willingness to know, understand and obey her ways, great material benefits became his. When he applied these principles to study of himself, it was gradually disclosed that the ills from which he suffered were not a visitation, but a violation; were, in fact, the result of not knowing or not heeding the laws of nature.

But the seekers of all ages have been outnumbered by the onlookers, ignorant, indifferent or hostile, and alas, even today, with our printing press and rapid transit, there is a great gap between our knowledge and our practise. For back of all action lie the unseen forces: First, the thought; then the idea or vision

of it completed; then the feeling or desire sufficiently strong to make it a reality. Without this there is no action.

Therefore our problem would seem to be this: In order to attain perfect adjustment, the laws underlying well-being of mind, body and spirit not only need to be discovered, but need to be shared by all; and, equally necessary, all must desire to obey them for their own and others' sake.

As to discovery—the pursuit of which is probably more active and extensive today than the world has ever known—speaking broadly, has not its path led us through the ABNORMAL back to the NORMAL? In order to solve the problems of disease (the obvious and visible) health standards had to be acquired. This has proved equally true of mental disease, and now of behaviour or conduct problems.

And why has study of the Abnormal led to study of Normality? Was it not based on the very tremendous discovery that the abnormal, after all, was in reality the normal gone astray? For example, cancer, rickets, various mental disorders and social wreckage.

And the search for the normal, where has it led? Quite astonishingly from the adult (maturity) to the infant (immaturity). And so the significance of some of the present-day movements become plainer.

The "Women's Foundation for Health," in its "Positive Health Series," states that: "Approximately the following percentages have been found to obtain among a few thousand women who have had the Health Examination, and who thought themselves well: 10% well (a), 10% ill (c), 80% neither ill nor yet well (b)."

The war draft also disclosed the amazing extent of defect among adult (so-called) normal, healthy individuals.

So we find that for standards of the normal, research has had to turn to beginnings—to the pre-damaged period of infancy.

The steps leading to this result are worthy of note, since there are so many who, not perceiving the issues, look upon work with infants and pre-school children as "fads" and "all nonsense."

As to diffusion of knowledge: Have the leaders in the world ever before shared so universally any one idea which has broken down the barriers of race, religion and caste, such as seems to be the case with the Public Health Movement of today? In the last few years almost countless organizations, involving millions of people, have sprung into being, in order to work for "the Abolition of Disease and the Promotion of Health," and many lands are beginning to share the available knowledge.

And here one of civilization's age-old and ever-present problems confronts us. Having the water and the horse, WHY will he not drink? What unseen forces influence his decision in regard to drinking? We might (conceivably) discover all truth concerning the perfect body, mind or spirit; and we might discover all truth concerning its perfect working, but only can it be effective to the degree that it is used. And—what is more important—it vitally concerns civilization that it should be used, and used constructively in right ways; for, used otherwise, scientific advance may become the two-edged sword, capable of destroying Society itself. Our records of crime bear vivid testimony to this.

For there are those who deliberately or wilfully pervert the very forces within them into evil expression. Their very desire for excellence is misdirected into expertness for evil. And these lawless ones are growing in numbers. Therefore Science has set herself to seek with an open mind for more light as to how these forces become perverted. Of what, they question, does the

original nature or equipment consist? And how far do the surroundings make or mar its right direction?

St. Paul voices one of the eternal truths when he claims that no amount of either knowledge or effort avails if our **attitude** is wrong (the thirteenth chapter of 1st Corinthians). And that is precisely what Science, with much effort, has disclosed: That right attitudes must be created in order to get right behaviour or action. Was there ever before such a conscious organized effort on the part of thoughtful people to build right attitudes?

And so came into being, among many other great movements, the present day Nursery School, the Child Laboratory, and the Parent Education idea.

Is there, I wonder, any significance in the fact that the greatest Leader-of-men towards adjustment advocated our becoming "as a little child" if we would **know**? And now we see today, 1,900 years later, the universities of the land "with an open mind, and without prejudice," taking the little child to study, so that they may understand him, so that they may understand what Society should do for him. We see them also seeking to glean from the parent data bearing on the child's development; to secure and record the actual experience of real parents in everyday situations, so as to ascertain the methods which have proved by results to be successful or unsuccessful.

We see also the Positive Health note more and more insistently put forward.

Last, and to my mind most important of all, we have progressed from the study of merely the visible and obvious, that is DISEASE, to the study of the invisible forces.

Some there are who, through faith, leap all barriers; but Science is slowly, bit by bit, proving the eternal truths so simply and exquisitely put in the Bible for our guidance:

Life's Purpose—a struggle for Excellence, Health, Adjustment.

Life's Purpose obtained through obedience to Law.

Right feeling or attitude the mainspring of action.

The child-like quality of tolerance —the open mind.

What Bill Said at Hudson

By ADELAIDE M. PLUMPTREE

(Founded on fact—overheard at Hudson, jumping-off place for Red Lake mining camp, Ontario.)

"Say, Bill, doesn't this look like a bit of the 'lovely war' that's lost its way and strayed into peace? Might be a dressing station in France, with the Red Cross flag tacked up on the side and the 'long, long trail awinding' out into the distance—No Man's Land just over the hill. It only wants a sister, with her white uniform and her army veil and the Red Cross on her arm, to make the picture complete! And, by Jove, there she is, looking out of the caboose. Haven't you got a sore hand or a lame foot you want dressed, Bill? I'd like a chance to see inside."

"Sure, Ed. I've nearly tore the nail off my finger untying the knots on my toboggan, and I had nothing to bind it up with, so I guess I might get it washed. But what's the Red Cross doing in a C.N.R. caboose on a siding up here at Hudson, anyhow —can you tell me that?"

"Ask me another, Bill. I don't know. I thought they stopped work when the war stopped; but we might as well see all there is to be seen, now we're here, and your finger don't look very pretty as it is."

The Red Cross sister, inside the caboose, smiled as she listened to the

conversation. Just so had she heard other "Eds" and "Bills" in the fields of Flanders or the desolation of Salonika, conspiring to "show cause" why they should be admitted to the hospitality of the Red Cross. And now here, on the very borderline of civilization in the great Province of Ontario, were the same adventurous spirits, daring the unknown, with its possibilities of danger or death, and here again was she under the same flag, ready to minister to their needs. Ed was quite right—it was a little bit of the war strayed into peace.

She washed Bill's sore finger, and as she applied the iodine to the wound she said, with a laugh: "There, that's something to remind you of the war, isn't it?"

"Sure it does, sister," said Bill gratefully, as the iodine stung its cleansing way into the torn flesh. "Ed and I were wondering what the Red Cross was doing up here in Hudson, and now I know one thing it's done."

"Is the Red Cross going to stay up here, sister?" queried Ed, as he watched the bandage which the nurse was skilfully adjusting.

"Yes, I expect we'll be here till we go into Red Lake. You see, the Red Cross has a work for peace time now, and some of it is very like war work, too. It really grew out of the war, because we learned in the war how many of the young men of Canada were not physically fit when it was a question of joining the Army, and things were far worse in other countries. Then, too, just when the war had carried off so many millions of young men, we found that all over the world babies were dying whose lives might have been saved if their mothers had had a little help in taking care of them. And so the Red Cross stayed on the job, to try to promote health and prevent disease, but it did not give up its work of relieving suffering, and that's why we're up in Hudson now. We felt sure there would be accidents, and possibly many cases of influenza and pneumonia. Today it is Bill's sore finger, but tomorrow it may be a 'crashing plane' and the difference between life and death."

"Is it your Red Cross that sends Christmas cheer to the soldiers out on the farms, sister? My brother Joe is on a farm twenty miles from the railway, and each Christmas he and his wife have a regular bale of stuff—clothes, Christmas cheer and toys for the kiddies, and last year a regular outfit for the new baby. His wife was delicate, and after a neighbour, who had taken a Red Cross Home Nursing Course, had done all she could for her, they realized she was too ill for home care, and the Red Cross had a nurse visit her at the farm, and arranged for her to be taken into one of the Red Cross Outpost Hospitals. Now she's as strong as ever. Of course, Joe knew the Red Cross in the war, but he says it's just as useful in the peace in this new country."

"Why, yes, Ed. There's only one Red Cross all over the world, and the Christmas bales are packed right at the same place where all our supplies for this emergency nursing outpost came from. We have a workroom there, where hospital supplies and clothing are made and stored, so that the Red Cross may always be ready to give what help it can. When the great fire took place in Haileybury in 1922, the Red Cross doctors and nurses were all ready to go up on the first relief train which went into the fire area. And this station at Hudson is the same sort of thing—just something to meet an emergency. At Haileybury our stations were in tents but here we're in a caboose; but it's the same Red Cross, and really doing the same work as in the war."

"It's a pity you can't do something for the little kiddies," said Bill. "I've got two myself, and I

wish I knew more about bringing them up to be healthy. The girl is kind of delicate—never wants her regular meals, and always plaguing her ma and me to take her to the pictures."

"Why, she's just the child who should join the Junior Red Cross. We've got over thirty thousand youngsters in the Junior Red Cross in Ontario alone, and they learn to play the game of health. Give me her name and the name of her school, and I'll see the Junior Red Cross gets in touch with her right away. I should not wonder, Bill, if you didn't end by thinking the Junior Red Cross the best of all the peace time work of the Red Cross. Well, good-night, boys, and come back in the morning and let me see the finger, Bill."

As they trudged through the snow in the darkness to the bunk-house, Bill said: "A society which thinks about the women when they're sick, the kiddies when they're little, and the men when they're out on the trail, is going some, Ed."

"Sure, Bill, it is," said Ed. "And if the Red Cross ever wants any help, it can count on me as a booster."

(Adelaide M. Plumptree, President of the Ontario Red Cross Society.)

As the time approaches for the general meeting of the Canadian Nurses' Association, at which the unveiling of the Nurses' War Memorial will take place, one hears on all sides of Nursing Sisters who are planning to be present. Every Nursing Sister throughout the Dominion who can possibly do so will arrange to be in Ottawa, for it will be the greatest gathering we can ever hope to have, both from the point of view of interest and numbers.

It is suggested that every Overseas Nursing Sisters' Association will endeavour to send at least one representative. If those who expect to be present would kindly notify N/S Maude E. Wilkinson, 410 Sherbourne St., Toronto, 5, Ont., to that effect, it would facilitate matters in arranging for any special gathering—a dinner, for instance—during the general meeting.

WINNIPEG

A delightful tea was held on April 10th by the Nursing Sisters' Club at the home of Mrs. R. R. Collard. The guests were received by Mrs. T. F. Morrison, president, and Miss Olive Garland, convener of the Social Committee. The proceeds of the tea will be used towards sending a representative to the general meeting of the C.N.A. in August.

The sympathy of the Club is extended to Mrs. G. S. McCreery (N/S N. Chisholm) in the loss of her husband.

Miss Chafe has been called to Dallas, Texas, owing to the illness of a sister, for whom she has donated a transfusion of blood.

Mrs. W. Cowan (N/S Marcotte) will shortly accompany her husband on an extended trip to Vancouver and other Coast cities.

ONTARIO

The following Nursing Sisters attended the annual meeting of the Registered Nurses' Association of Ontario, held in Bellville on April 7th to 10th, 1926:

Edith C. Rayside, Supt. of Nurses, Hamilton General Hospital, Hamilton.
Kathleen Panton, Supt. of Nurses, Hospital for Sick Children, Toronto.
Maude E. Wilkinson, Director, Nursing Service, Ontario Red Cross Society.
Rose E. Hamilton, Organizer Home Nursing Classes, Ontario Red Cross Society.
A. Bailey, Supt. of Nurses, Kingston General Hospital, Kingston.
B. Wilson, Asst. Supt. of Nurses, Kingston General Hospital, Kingston.
Margaret Duffield, Victorian Order of Nurses, London, Ont.
Margaret Tait, Supt. of Nurses, Belleville General Hospital, Belleville.
H. M. O'Donnell, Supt. of Nurses, Ontario Hospital, Hamilton.
Harriet T. Meiklejohn, Supt. of Nurses, General and Marine Hospital, St. Catharines.
Laura Holland, Director Social Welfare, Toronto.
E. Scott, Night Supervisor, Riverdale Hospital, Toronto.
Miss Gibson, Kingston General Hospital, Kingston.
Miss Forrest, Bryan Sanitorium, London, Ont.
Miss Bond, Public Health Nurse.
Miss C. F. Smith, Supt. Barrie Hospital, Barrie, Ont.
Miss Elizabeth Shortreed, Supt. General Hospital, Guelph, Ont.
Miss Stevenson, Victorian Order of Nurses, Ottawa.

News Notes

ALBERTA

The quarterly business meeting of the Calgary Association of Graduate Nurses was held in the Y.W.C.A. parlors on March 16th, with a fair attendance. Miss Agnes Kelly, Reg.N., was appointed by acclamation to act as president, in place of Miss Nan D. B. Hendrie, who with her sister, Miss M. P. Hendrie, expects to leave soon for a four months' visit with relatives in England and Scotland.

Arrangements have been completed for a Refresher Course to be held in the University at Edmonton, May 3rd to 7th, 1926.

Members of the Calgary Association of Graduate Nurses will be pleased to learn that Miss Mott, one of the supervisors at the Calgary General Hospital, is improving, although still confined to her room.

Miss E. Foerstel (1924) has been taken on the staff at the Calgary General Hospital as assistant supervisor of the operating room.

BRITISH COLUMBIA

The annual meeting of the British Columbia Graduate Nurses' Association, held in Vancouver, April 5th and 6th, closed with a supper at the Ambassador Cafe, arranged by the Vancouver Graduate Nurses' Association. The president, Miss Kathleen Ellis, presided The out-of-town delegates and the guests were entertained by the Association. There were one hundred and sixty-one present, and the gathering was the occasion of many happy reunions. Mrs. Harrison, Everett Hospital, Everett, Wash.; Miss Gillespie, Registrar for the State of Washington; Miss Jessie McKenzie, Supt., Royal Victoria Hospital, Victoria, and Miss Helen Randal spoke briefly. Violin selections by Mr. C. Shaw were much appreciated. Mr. Smith, of the Kiwanis Club, kindly led the community singing, with Miss Kate Temple as accompanist. At the close of the evening a very hearty vote of thanks was given to the committee arranging the supper, with Miss Jean Matheson as convener.

The Alumnae Association of St. Paul's Hospital held a bridge tea at the Ambassador Cafe on April 28th, in aid of the Crêche Fund of the Vancouver Graduate Nurses' Association. It is about four years since the nurses decided to take up this special work for the pre-school child, and the most casual observer who knew the Crêche in the old days cannot but be struck by the change that has been made. The children are provided with rompers for the day, so that their own clothing is kept clean. Feeders and table equipment are supplied, and kindergarten material is furnished by the nurses. Through their interest a part-time kindergarten teacher is engaged by the city, and the little tots whose unfortunate lot in life necessitates their days being spent in the Crêche are taught to play, and sometimes receive advantages that more fortunate children do not enjoy. Other organizations have learned of the work being done, and interesting developments are anticipated. Miss Mary Campbell has been the convener of the committee in charge of the work since its inception.

At the annual meeting of the Public Health Committee of the B.C.G.N.A. in 1925, Miss Elizabeth Breeze was appointed convener of a committee to consider the feasibility of collecting a permanent Public Health exhibit. This year the committee brought in a report in which it was recommended that an exhibit of photographs of a standard size be collected and arranged. Miss Breeze accepted the convenership of a standing committee to carry out the plan and keep the exhibit up to date.

A Refresher Course for Public Health Nurses, arranged by the Department of Health and Nursing, University of British Columbia, was held on April 7, 8 and 9 at the University. All nurses in the Provincial Health Service were called in by the Medical Health Officer for the province, and many nurses in the city and district attended. An attendance of seventy was registered. While the entire course was very much appreciated, there were some features of outstanding interest. One of these was a talk on her work by Miss Elnora Thomson, director, Division of Public Health Nursing, University of Oregon, and director of Nursing Services, Marion Co. Child Welfare Demonstration.

Vancouver General Hospital

Mrs. Spurgeon Hull (Louise Raphael, 1920) has left California, to make her home in New Zealand.

Mrs. James Winston, nee Ellenor Campbell (1922), is now living at Chuquicamata, Chile, S.A.

Mrs. C. C. Searl, nee Edna McKay (1922), whose marriage took place recently in New York, is living at Iquique, Chile, S.A.

Miss Jean MacDougall (1921) has left Vancouver for China. After a short visit there she will be the guest of her sister,

Mrs. McDonald, at Qualalumpa, Malay States, Straits Settlements.

Miss Mabel Pearson (1924) has left for Rochester, Minn., where she is doing post-graduate work.

Miss Cora Tretheway (1922) has left Florida for Boston, Mass., where she is doing special duty.

Miss Myra Owen (1922) is doing post-graduate work in a hospital in New York.

Mrs. Scott (Rita Brethour, 1910) has spent the winter in California.

Miss Peggy Murray (1916) and Mrs. Walsh (1918) are doing staff nursing at the Pasadena General Hospital.

Miss Norma McNeill (1922) has spent the winter in California.

Miss Kathie Robinson (1925) has left for Honolulu, en route for the Orient.

MANITOBA

On March 23rd, at Norway House, Man., there passed away Mrs. Eva Gertrude Dent, matron of the Indian Hospital at Norway House. Mrs. Dent was a graduate of the Montreal General Hospital (nee Eva Gertrude Bolster). After the death of her father, a missionary, Mrs. Dent decided to remain in the country to which they had become deeply attached, and for almost fourteen years she carried on at Norway House, greatly loved by the natives, as well as being a real friend to all those who travelled north on Lake Winnipeg during the summer to Norway House, to enjoy their vacation time among the outdoor life of Northern Manitoba. Mrs. Dent did heroic service throughout her years spent at the outposts of Canadian civilization; at times she was without any assistance in her hospital work, and during the war she carried on for two years without any medical advice or help. Her death came as a great shock to her many friends, who, while knowing that she was not well, had not heard of her recent attack of influenza, followed by pneumonia, which terminated in her death. Mrs. Dent was a sister of Miss M. Flora Bolster, R.N., now resident in Seattle, Wash.

Mrs. H. C. Champ, nee Mary E. Martin, is now living in Montreal, P.Q., at 4B Bishop Court; and Mrs. W. N. Petch, nee N/S E. E. Little, is at 148 Cote St. Antoine Road, Montreal.

Miss Elizabeth Russell, Superintendent of Nurses, Provincial Department of Health for Manitoba, and Miss Elsie Wilson, a member of the Public Health Nursing Staff, have been appointed members of the Executive Committee of the Canadian Sanitary Inspectors' Association.

The quarterly meeting of the Manitoba Association of Graduate Nurses was held on April 6th, in the Fort Garry Hotel, when a dinner and social programme were also included. Mr. C. H. Sayer, secretary of the Winnipeg Y.M.C.A., was the speaker of the evening, when he outlined the early life of George Williams, founder of the Association, telling in an interesting manner of some of its developments in various countries. Mrs. J. T. Stirling recited an amusing account of a family outing in a Ford, and Miss Mary Webb sang several delightful songs. During the latter part of the evening the business of the meeting received attention. Several out-of-town members were able to be present.

Brandon

A Citizens' Welfare League has been organized in Brandon to carry on the work heretofore done by the local Red Cross Society, which has recently been disbanded. The League will be assisted financially by the different local societies and organizations, according to their means. A public health nurse (Miss M. Skinner, recently of Gilbert Plains) has been engaged, and has already arrived in Brandon to assume her new duties. It is hoped that Miss Skinner will meet with the hearty co-operation of the citizens of Brandon, and that she will have every success in her work.

On Monday, April 12th, the student nurses of the Brandon General Hospital were addressed by Miss Elizabeth Russell, president of the Manitoba Association of Graduate Nurses, on "The Development of the New Public Health Programme."

NEW BRUNSWICK

Saint John: Miss Hazel Richardson is doing private duty work in Montreal. Mrs. F. C. Bonnell (nee Grace Andrews) gave a very enjoyable tea at her residence, Mecklinburg St., on Friday, Feb. 26th.

Fredericton: The annual Alumnae Reunion Dinner of the Victoria Public Hospital was held at The Palms recently. The graduating class of 1926 were the guests of honour. An interesting feature of the evening was the story of early days at the hospital, told by Mrs. Matthew Tennant, the first graduate of the school.

Miss Eliza Sansom (1920) has returned to Mt. Kisco, N.Y., after spending a vacation with her sister in Stanley. Miss Helen Biggs (1924), who has spent the past three months with her parents in Fredericton, has also returned to Mt. Kisco. Miss Margaret Fradsham (1925), dietary charge nurse, V.P.H., has returned to the hospital after a month's leave of absence. Miss Bertha Colter (1923) supplied during Miss Fradsham's absence.

St. Stephen: The graduation exercises of the Chipman Memorial Hospital, class 1926, took place at the Assembly Hall of the G. W. Ganong Memorial School, on Tuesday, March 30th, at 8 p.m. The graduates were eight in number: Mary Margaret Macklin, Susie Ellen Dalzell, Alyce Nelson McConnell, Edna Pearl Harvey, Annie Prudence Spinney, Sadie Ella McBean, Jeannette Elizabeth Thomas, Marie Leatha Allan. The programme for the evening was as follows: Opening march, Mrs. Edmund Casey; address, Mr. A. A. Laflin (Chairman); violin solo, Mr. Edmund Casey; address to nurses, Dr. Samuel Webber; solo, Mrs. Charles Ryder; presentation of diplomas, Mr. J. T. Whitlock; National Anthem.

Campbellton: The second class to graduate from the Soldiers' Memorial Hospital Training School held their graduation ceremony in the Town Hall on March 9th, with the following graduates: Hazel Hunter, of Oak Bay Mills, Que.; Robina Clark, Campbellton; Mrs. Elsie Hanlon, Alma, N.B. After an address by His Honour, Judge McLatchy (Chairman of the Board of Management), and the recitation of the Florence Nightingale pledge by the graduates, Mrs. John Collier presented the diplomas and prizes to the new graduates. The F. M. Anderson prize for general proficiency was won by Mrs. Elsie Hanlon, and the Soldiers' Memorial Alumnae prize, given for operating room technique, by Miss Robina Clark. Prizes given to each member of the class by the Medical staff were presented by D. Lunam. The last number on the programme, which was interspersed with music throughout, was the address to the graduates, given by Dr. J. Mackenzie, of Loggieville. The graduates and their friends then adjourned to the Orange Hall, where a reception was given them by the Ladies' Hospital Aid. The tables were decorated in white and red, and looked very festive.

Moncton: The Moncton Chapter of the N.B.A.R.N. held its monthly meeting in the board room of the Moncton Hospital on April 6th. It was decided to hold an informal dance on April 21st. The C.N.R.A. Broadcasting Orchestra will furnish the music. Funds obtained all for philanthropic purposes.

Miss Lena Jonah, R.N., a graduate of the Moncton Hospital, who has been doing private duty work in Fredericton, has accepted a position on the staff of the Yarmouth Hospital.

Miss Leola Richardson, R.N., has resigned her position with the V.O.N., Moncton, and has accepted a position in Saint John.

Miss Marjorie Buckley, R.N., graduate of Moncton Hospital, has accepted a position on the staff of St. Luke's Hospital, New Bedford, Mass.

Miss Hazel Crossman (Moncton Hospital, 1926) is substituting on the staff of the Moncton Hospital during the absence of the surgical supervisor (Miss Bertie Wells, R.N.).

Miss Walsh, of Hotel Dieu, Chatham, N.B., is doing private duty work in Moncton.

The annual Charity Ball, held under the auspices of the Ladies' Hospital Aid for the benefit of the Moncton City Hospital, took place in the Pythian Castle Hall on April 5th. The decorations were very effective, and the up-to-date dance music supplied by the C.N.R.A. Broadcasting Orchestra all that could be desired. During the evening twenty tables of bridge were in play in the lounge room. At the conclusion of the dance and bridge, refreshments were served. About 250 people were present, and from every point of view the affair was a great success.

ONTARIO

FORT WILLIAM AND PORT ARTHUR

The regular meeting of the Thunder Bay Graduate Nurses' Association was held on April 1st at the McKellar General Hospital, Fort William. The President (Mrs. S. Langille) presided. The Rev. Hugh Grant, B.A., D.D., of St. Andrew's Presbyterian Church, Fort William, delivered an impressive address, in which he eulogized the value of the nurses' service to mankind. Miss Jane Hogarth was appointed as the delegate of the Association to attend the annual meeting of the Registered Nurses' Association of Ontario, held April 8-10th. Mrs. H. Hogarth charmed her audience with some beautiful whistling solos.

Miss Pearl L. Morrison, Superintendent of the McKellar General Hospital, Fort William, has been appointed to the Provincial Board of Examiners by the Department of Nurses' Education and the Registered Nurses' Association of the Province of Ontario.

Miss McDonald, of the Port Arthur General Hospital, has been able to resume her duties after her operation.

Miss Stowe has accepted the position of Assistant Matron at the Port Arthur General Hospital. Miss Stowe graduated from the McKellar General Hospital, Fort William, in 1916, and has for the past four years been Matron of the Shaunavon General Hospital, Sask. She also served overseas with the Forces during the war.

Miss Hubman is back on duty, with the Fort William Board of Education, as School Nurse, after her severe illness and operation.

HAMILTON

General Hospital Alumnae Association

Miss Florence Burkett recently left Hamilton for Brandon, Man., where she will reside.

Miss Helen Aitkin has been appointed night supervisor, and Miss Ecclestone operating room charge nurse, at the Winchester Memorial Hospital, Winchester, West Va., U.S.A.

Miss Jennie Harrison is Industrial Nurse at the National Steel Car, Hamilton.

The Misses Peach and Rankin have accepted positions in Detroit.

PETERBORO

The annual meeting of the Nicholls' Hospital Alumnae Association was held in the Nurses' Residence on January 14th, at 8 p.m., the President, Miss F. Dixon, in the chair. After routine business followed the election of officers. Miss Dixon was re-elected President for the coming year. Miss Drope, who had been taking the Refresher Course at the University of Toronto, gave an interesting account of her work at the Red Cross Outpost at Quibell, Ont. After adjournment a pleasant social evening was spent.

Miss Charlotte Gulliver has gone to Montreal to enter the Victorian Order of Nurses.

A delightful bridge party was given at the home of Mrs. Maurice Pringle on March 16th, in aid of the Alumnae's funds.

TORONTO

Hospital for Sick Children

It will be of great interest to all graduates of the Hospital for Sick Children to hear that the Convalescent Home for tubercular patients is shortly to be built at Thistleton, a lovely spot on the banks of the Humber, not far from Toronto. This new hospital will be open all the year round, and will fill a very vital need. The building of it has been made possible by the generosity of the citizens of Toronto, and the other cities and towns throughout Ontario, who during one week subscribed $650,000.00 ($150,000.00 more than was asked for by the Trustees) for the care and treatment of the needy children of the province.

The Alumnae of the Hospital for Sick Children held a most successful Theatre Night at the Royal Alexandra on the evening of March 15th, the light opera, "San Toy," being enjoyed by all. The theatre was packed, and a goodly sum realized for the Alumnae treasury.

St. Michael's Hospital

Miss Kathryn Bench (1919) is now in charge of the Obstetrical Department of the Lying-in Hospital, New York, recently having completed a post-graduate course there.

Miss Bertha Ryan (1925), after spending several months abroad, is now doing private duty nursing in Toronto.

Miss Theresa A. Regan (1905) is critically ill in Harper Hospital, Detroit. Miss Regan was the first superintendent of Welland County Hospital. Later, and up to the time of her illness, she was connected with the Mayo Clinic, Rochester, Minn.

QUEBEC

MONTREAL

Montreal General Hospital

At the monthly meeting of the Montreal General Hospital Alumnae Association, Dr. Lydia Henry gave an address on "Social Service." At the March meeting Dr. Auld spoke on "Hospitals, Medicine and Nursing in China," and at the April meeting Dr. Fred MacKay's topic was "A Nervous Person." All were very interesting and instructive, and much appreciated by the nurses.

Teas and bridges are becoming quite prevalent among the members of the Alumnae Association.

Lady Duncan Orr Lewis (nee Maud Booth) is at Cannes, in a nursing home, recovering from a serious operation.

Miss Payne, 1926, has accepted a position as night supervisor at the Fisher Memorial Hospital, Woodstock, N.B.

The Rev. and Mrs. Hibbard (nee Annie Brooke), of The College, Rothsay, N.B., are visiting in Montreal.

Miss Olive Alford, 1926, who has been engaged in private duty nursing at her home, Campbellton, N.B., is now doing private duty nursing in Montreal.

Miss Gertrude Jackson, 1921, Superintendent of the Fisher Memorial Hospital, Woodstock, N.B., recently spent a few weeks in Montreal.

The engagement is announced of Miss Annie Hogge, 1924, of Inverness Que., to Mr. H. Jones, of Woodstock, N.B.

The sympathy of the members is extended to Miss A. M. Becksted, in the loss of her sister; and to Miss Winnifred Lee, in the loss of her father.

Miss Alice O'Regan, who is engaged in institutional work in New York City, was in Montreal for a short time recently, owing to the illness of a brother—a student at McGill University.

Miss Lena Riddell, 1924, is now on the staff of night superintendents at the Montreal General Hospital, succeeding Miss Alice LeGallais, 1924, who has taken a position in the admitting office, M.G.H.

About twenty-five of the members gave a very successful dance on St. Patrick's night, at the Club, Bishop St. The following night the residents of the Club in-

vited friends in for bridge and dancing. About fifty were present, and a most enjoyable evening was spent.

Royal Victoria Hospital

The graduation exercises for the class of 1926 were held in the Nurses' Home on March 24th. Forty-eight nurses received their diplomas, which were presented to them by Miss Goodhue. Miss Margaret Spratt, Billings Bridge, Ont., was awarded the prize for the highest marks obtained, and Miss Mary Steedman, Ottawa, received the general proficiency prize. The prizes were presented by Lady Gordon. Dr. Roddick Byers addressed the members of the class, after which a reception was held.

On March 17th the members of the graduating class were the guests of the Alumnae Association at dinner in the Ritz-Carlton Hotel. Covers were laid for two hundred. The tables were decorated with daffodils and mauve phlox, and mauve and yellow unshaded candles. The toast to "the King" was proposed by Miss Elsie Allder, the president. Other toasts proposed were: "The Governors," by Miss Mabel McCallum "Our Guests," by Miss Nora Nagle, and responded to by Miss Grace Moore; "the Doctors," by Miss Phyllis Spencer, and "Our Absent Friends," by Miss Dorothy Cotton.

Miss Janet MacKay, 1923, who has been in charge of the Gynaecological Ward for three years, has joined the staff of the Operating Room, R.V.H.

Miss Cassie Smallman, 1925, has been appointed first assistant in the Outpatients' department.

Recent graduates who have been added to the staff at R.V.H. are: Miss Margaret Lynds, 1925, Ward D; Miss Mabel Burdon, 1925, Ward F; Miss Marjorie Dobbie, 1925, Ward A; Miss Allison Spriggs, 1925, 2nd floor, Ross Pavilion; Miss Mary Kinder, 1925, 4th floor, Ross Pavilion; Miss Alice Murchison, 1926, Ward L; Miss Isabel Murray, 1926, Ward E; Miss Helen Schurman, 1926, Ward S; Miss Ruth Anderson, 1926, Ward S.

SHERBROOKE

The following nurses from the Sherbrooke Hospital are on duty in the Laurentian Sanatorium, Ste. Agathe, Que.: Misses Gladys White (1923), Flora George (1922), Sadie Mennie (1922), Hazel Darker (1925), Olive Harvey (1925), Laura Stala (1925), Gladys Van (1913).

Miss Florence Gunning (1924) is in charge of the First Aid Department of the Canadian International Paper Mill, Three Rivers, Que.

Miss Bessie Banfill (1923) and Miss Rubertha Sutton (1923) are engaged in private duty nursing in Glendale, Calif.

Misses Marion Grant (1922), Phoebe Blake (1919) and Tris Taylor (1916) are in Boston doing private duty nursing.

Miss Jessie Saint Denis (1916) is in New York visiting her sister.

Miss Nora Arguin (1919) is at Black Lake on private duty, and Miss Evelyn Arguin (1921) is in Boston, Mass., nursing.

SASKATCHEWAN

REGINA

Grey Nuns' Hospital

The Alumnae Association have made final preparations for a bridge and whist party, to be held in the Nurses' Home on April 15th. The proceeds to be used for helping to furnish a room for sick nurses in the new wing of the Grey Nuns' Hospital. Quite a number of donations have been received to date, and it is hoped that former graduates and friends will contribute.

Miss Marie Fosberg (1923) has accepted a position at a hospital in Los Angeles. Before her departure she received a gift from the Alumnae Association, the presentation being made on March 30th, at the home of Mrs. Grant Lewis (Inez Harper, 1923).

Miss Isabel Kemp (1923), of Weyburn, has accepted a position at the Willard Parker Hospital, New York.

Miss D. Richer (1923), formerly of the Sanitorium, Qu'Appelle, Sask., has accepted a position on the staff of the hospital at Kamsack, Sask. Miss Richer recently returned from Philadelphia, where she took post-graduate work for one year in contagious diseases.

At the recent annual meeting of the Alumnae Association, the following officers were elected: President, Mrs. Agnes Tanney (Dept. of Public Health, Regina); first vice-president, Miss Edna Cunningham; second vice-president, Miss K. Wanless; secretary, Miss Helen McCarthy; treasurer, Mrs. Grant Lewis; executive committee, the Misses M. Puffal, J. Harty, L. Legrand, L. Carveth and Mrs. Grant Lewis; representative to The Canadian Nurse, Miss Acton; Private Duty Section, Miss E. McOuatt; Sick Visiting Committee, Misses B. Ferguson, E. Parker, Maude Dunn; Social Committee, Misses Gilbert, Kreller, Gilles and Mrs. Traub; representative to Local Council of Women, Miss H. McCarthy. A regular monthly meeting is held on the second Thursday.

BIRTHS

WIGGETT—On March 6th, 1926, at the Sherbrooke Hospital, Sherbrooke, P.Q., to Mr. and Mrs. Roy J. Wiggett (Barbara Rannier, Sherbrooke Hospital, 1918), a daughter.

McCALLUM—On March 29th, 1926, at Vancouver, B.C., to Mr. and Mrs. Alec McCallum (Ruth Mitchell, Vancouver General Hospital, 1919), a son.

McCULLOUGH—On March 28th, 1926, at Vancouver, B.C., to Mr. and Mrs. McCullough (Edith Blair, Vancouver General Hospital, 1919), a daughter.

CRAIG—On February 18th, 1926, at Summerland Hospital, Summerland, B.C., to Mr. and Mrs. J. C. Craig (Ruth Waterman, Vancouver General Hospital, 1922), a son (Verney Gordon).

STRONG—On March 26th, 1926, at Moncton Hospital Annex, to Mr. and Mrs. Gerald P. Strong (Barbara Beatrice Bassett), a daughter (Geraldine Eleanor May).

BORDEN—On February 14th, 1926, to Mr. and Mrs. Sidney Borden (Mona Porter, Reg.N., Moncton Hospital, N.B.), of Spencer Island, N.S., a son (Howard Leslie).

LEBETTER—On February 24th, 1926, at Yarmouth, N.S., to Mr. and Mrs. Lebetter (Florence Perry, Montreal General Hospital, 1914), a son.

STRACHAN—On March 19th, 1926, at the Montreal Maternity Hospital, to Mr. and Mrs. Douglas Strachan (Mary Gordon, Royal Victoria Hospital, Montreal, 1923), a son.

MARRIAGES

MARRYAT—MORASH—On February 13, 1926, in Montreal, Mona Morash (Montreal General Hospital, 1924), of Lunenburg, N.S., to A. H. Marryat, of Boston, Mass.

PHILLIPS—SNOW—On March 31st, 1926, Pearl Snow (Montreal General Hospital, 1924), of St. Johns, Nfld., to A. Brewer Phillips, of Lachine, P.Q.

BROWN—BARCLAY—On March 15th, 1926, at Winchester, Ont., Annie Barclay (Montreal General Hospital, 1920), to Robert Hamilton Brown. At home, 154 Hinton Ave., Ottawa, Ont.

CRUICKSHANKS—O'BRIEN—On February 14th, Mary O'Brien (St. Michael's Hospital, Toronto, 1925), to Dr. Frederick Cruickshanks, of Weston, Ont.

SEARL—McKAY—On January 4th, 1926, at The Little Church Round the Corner, New York City, Edna McKay (Vancouver General Hospital, 1922), to C. C. Searl, Manager All American Cable Company. At home, Iquique, Chile, S.A.

LYNCH—SHERLOCK—On December 30, 1925, at Regina, Sask., Katharine Sherlock (Regina Grey Nuns' Hospital, 1920), to Allan Lynch, of Cupar, Sask. At home, Cupar, Sask.

WILKIN—WALDRON—On December 23, 1925, G. Waldron (Jeffery Hale Hospital, Quebec, 1923), to Edward Wilkin, of Stoneham, P.Q.

STROUT—MACKENZIE—On December 15th, 1925, Katherine MacKenzie (Jeffery Hale Hospital, Quebec, 1922), to Mr. Strout, of Chicago, Ill.

PASS—STEPHENSON—On February 9th, 1926, at Hamilton, Pearl Elizabeth Stephenson (Toronto General Hospital, 1917), to Edwin S. Pass.

HICKEY—CARROLL—On February 9th, 1926, in Chicago, Pauline Tanney Carroll (Montreal General Hospital), of Iroquois, Ont., to Harry Cornelius Hickey, of Chicago.

THE CANADIAN NURSE

The official organ of the Canadian Nurses Association, owners, editors and managers. Published monthly at the National Office, Canadian Nurses Association, 609 Boyd Building, Winnipeg, Man.

Editor and Business Manager: JEAN S. WILSON, Reg.N.

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BOOK REVIEW

Anatomy and Physiology for Junior Nurses, by Felicia Norton, second edition, 73 pages. The Scientific Press, Faber & Gwyer, London, England.

Miss Norton in her preface states that the book is based on lectures given by her to the nurses, when she was Sister-Tutor at the Royal Portsmouth Hospital, and expresses the hope that it would prove useful as a handy reference book. The book is elementary in character, and would not be of use as a text book, according to the requirements of nursing schools in Canada, but should be useful in reviewing the various systems of the body, when preparing for examinations. It includes short, well-illustrated chapters on the skeleton, the various systems of the body, metabolism, the special senses and the generative organs.

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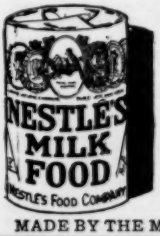

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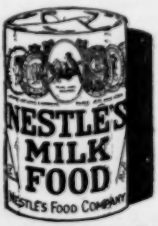

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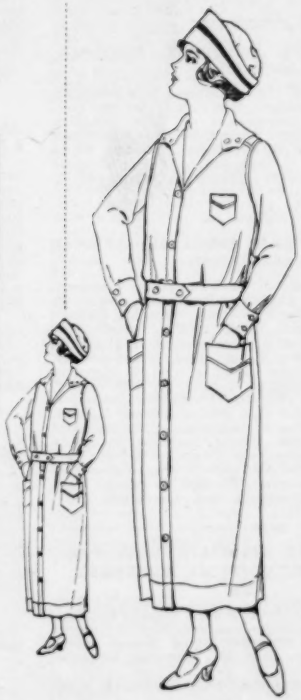

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